The Unesco Courier

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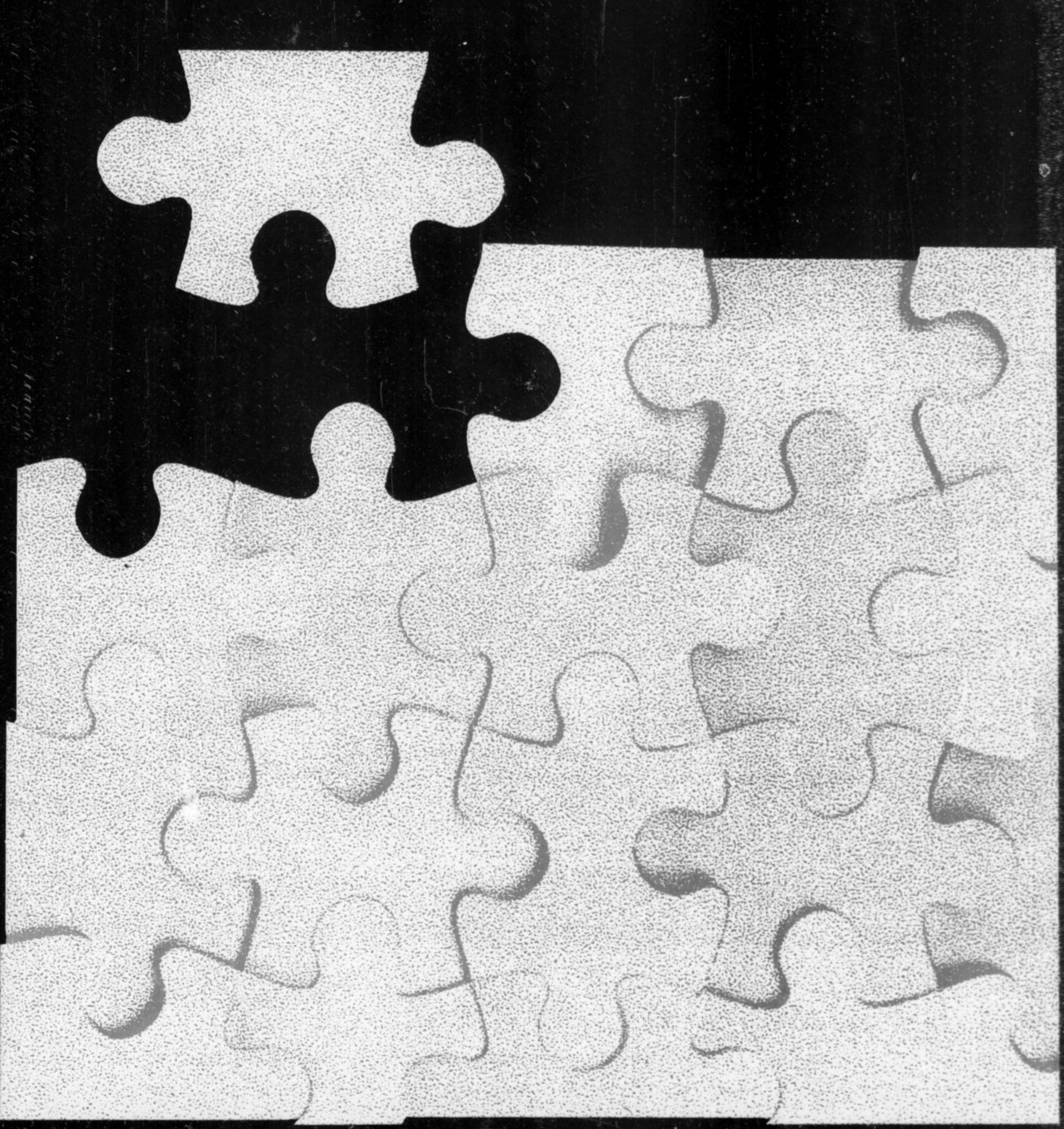

The handicapped tenth of humanity

TREASURES
OF
WORLD ART

158

Bulgaria

Photo © Rosa Staneva, Sofia

The stricken doe

This miniature carved bone plate (46 × 35 mm) is an example of tenth-century Bulgarian art. It is decorated with the image of an animal, thought to be a doe, wounded in the neck by an arrow. The whole posture of the stricken beast, depicted with upraised head and open mouth against an abstract background, is a vivid expression of pain. Now preserved in the National Archaeological Museum at Sofia, the plate was unearthed at Preslav, the capital of Bulgaria in the tenth century and an important centre of arts and crafts.

The Unesco Courier

A window open on the world

JANUARY 1981 **34th YEAR**

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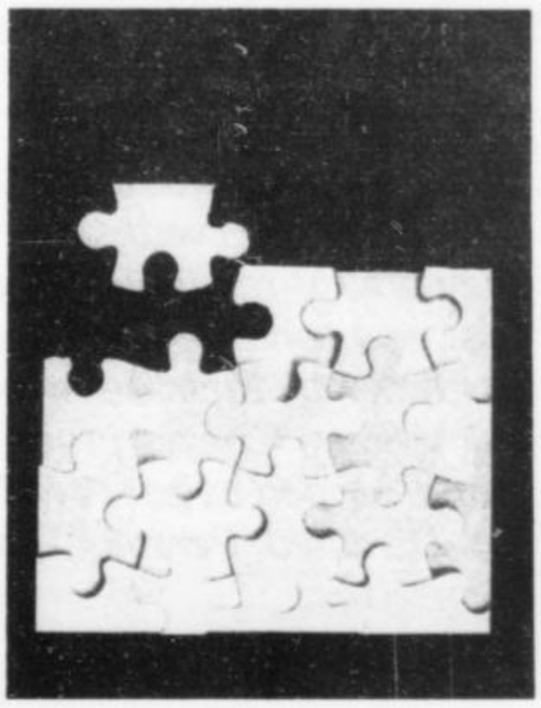


Cover

According to latest estimates, 450 million people, one tenth of humanity, are handicapped. As 1981, designated by the United Nations as International Year of Disabled Persons, begins, the *Unesco Courier* examines the attitudes of society towards handicapped people. A desire to be given their full place in society, to be seen as people first and only afterwards as handicapped, is the common theme of the testimonies of a number of handicapped people published in this issue. In a further issue to be published later this year the *Unesco Courier* will consider more specific problems such as the latest developments in special education for handicapped people, their integration into professional life, and scientific, technological and medical action for the investigation and alleviation of their condition as well as the prevention of avoidable handicaps. Our cover design is by the graphic artist Rudi Meyer.

Photo Unesco Courier

The International Year of Disabled Persons

Racism takes differences in the colour of individuals' skins or in the cultural patterns of various groups and makes of them the outward and visible signs of a total otherness and the distinguishing marks of inherent inferiority or superiority. Can modern societies summon up the necessary courage and show the necessary clear-sightedness to break away from a pattern of behaviour towards the handicapped which at times proceeds from a similar extrapolation?

Handicaps, whether of body or mind, sometimes result from accidents, but they are often the consequence of the faults or failings—war, hunger, disease—of the societies in which we live. The victims emerge bearing the stamp of a profound difference from their fellows, a difference which too many people believe to be irremediable. Thus it is that, in both the industrialized and the developing countries, the handicapped —nearly a tenth of humanity—may find themselves under sentence of exclusion from society.

Our laws and, more generally, the whole organization of our everyday life in its simplest acts seem to overlook the very existence of the handicapped. The fact that they are in many cases shut up in special institutions, kept dependent on assistance and cut off from the rest of the community perpetuates society's ignorance of their real needs and deepest aspirations. Yet they ask for nothing more than the means of joining in the various aspects of social life and, as a corollary, for society fully to accept their participation.

The satisfaction of this legitimate demand requires, however, a twofold line of approach. First, it is necessary to mobilize all the material, scientific and human resources needed not only to prevent peri-natal accidents and to cure the disabilities of the handicapped, but also to enable them to take their share of responsibilities and enjoy their rights on an equal footing with all other members of society. Such is the objective of special education, whose primary aim it must be to ensure their social integration.

Secondly, the public needs to be educated and to learn to welcome the handicapped into its midst unreservedly, yet unobtrusively and without condescension, for they are, as of right, full members of society. In this context, education first and foremost means presenting objective information about the possibility of their doing so. This is why a large portion of this issue of the Unesco Courier, *the first of two to be devoted to the problems of the handicapped as part of Unesco's contribution to the International Year of Disabled Persons, has been set aside to allow them to speak for themselves.*

Amadou-Mahtar M'Bow
Director-General of Unesco

Photo Igor Zatin, Tass. Unesco exhibition "Full Participation and Equality"

A blind sculptor at work.

The handicapped tenth of humanity

by Federico Mayor

IT is reckoned that about 450 million people—roughly 10 per cent of the world's population—suffer from some form of physical, sensory or mental handicap. The figure may be even higher—around 13 per cent according to recent estimates by the World Health Organization (WHO). Still more serious is the fact that the problem, seen in both quantitative and qualitative terms, shows no signs of diminishing.

To such underlying causes of deficiencies and impairments as parasite-borne diseases, infections during pregnancy and acute malnutrition during gestation and the early months of life, must be added such recent trends as the rising number of road and industrial accidents, as well as the effects of alcoholism and drug addiction. The problem of disability is thus one facing industrially developed and developing countries alike. Though the causes and nature of the handicaps may differ, the outlook is (albeit for different reasons) everywhere equally gloomy.

Moreover, these remarks take no account of endemic warfare, which, given the size and nature of modern weapons, may assume catastrophic proportions. The prospects are no brighter when we look in this direction, either.

Everything humanly possible must be done to prevent the occurrence of handicaps and disablement. And where, in spite of all our efforts, cases of disablement exist, it is the duty of the authorities and society at large to do their utmost to attend to them as they deserve, to improve the situation of the handicapped as far as available knowledge permits and make sure that they lead as normal a life as possible.

FEDERICO MAYOR, *Spanish biochemist, is Deputy Director-General of Unesco. A former fellow of Trinity College, Oxford, he has been professor of biochemistry and director of the department of biochemistry and molecular biology at the Autonomous University of Madrid. He has also been Rector of the University of Granada and Spain's Vice-Minister of Education and Science. He has produced an extensive output of scientific works, including studies on the biochemical analysis of the causes of mental retardation.*

The International Year of Disabled Persons proclaimed by the United Nations *must mark the start of vigorous, imaginative and concerted action at the international level,* in favour of all those suffering from congenital or acquired disabilities. The theme of the International Year is "full participation and equality": total equality, and participation as full as personal circumstances permit in each case. Fortunately, the world is increasingly moving towards *a personalized approach to education and health care.* Every individual is unique, and this must be the focal point of all action and every strategy.

The International Year of Disabled Persons provides us with an excellent opportunity to lay the groundwork—and this is a genuine moral duty—for the meticulous individual care and attention which handicapped people deserve and need. With a sense of hope and expectation which we must not disappoint, they are waiting to see how the international community is taking them into consideration and is preparing to offer them all the aid within its power.

In 1981, we must, *each and every one of us,* do all we can to make those around us aware of the extent of the problem, and above all of the need to take organized and effective action to ensure prevention, care and rehabilitation by exploiting to the full our resources of scientific and technical knowledge. Moreover, and let there be no misunderstanding on this point, we must do this without the slightest hint of doing "good works" or providing misplaced charity. A question of *human rights* is involved.

Whoever finds himself or herself debarred from exercising certain of those rights should have the opportunity to enjoy fully those rights that are consistent with his or her condition. In recent times, these rights, which have been duly recognized by the United Nations, have been written into the constitutions of a number of countries. This is an example which should be emulated because it is a touchstone of the concern with which a country *treats all its citizens,* without making any exceptions or displaying any preferences.

In my view, *the first right of any disabled person is not to be disabled.* In other words, the most important thing is to use all the means within our power to prevent disablement, whether physical, sensory, or mental, from occurring. Hence, we must pursue our researches, in order to learn more about the origins of disabilities; at the same time—and this is where the most flagrant inequality and injustice lie—we must apply the knowledge already available.

A great deal can be done in terms of legislation, assistance, education, employment and prevention. There is much to learn from the experience of other countries through exchange of information and findings. If we are to be aware of the problem, we must be informed about it, and if we are to become involved, we must be aware.

The year 1981 must usher in an era in which increased concern is shown for all disabled persons and in which national and international endeavours are co-ordinated. How can this be done? At the national level, through the work of various associations in the creation or mobilization of effectively-run scientific and public information systems; through the introduction of preventive measures (such as genetic counselling, vaccination, early diagnosis, the laying-down of standards in order to prevent or reduce accidents on the roads and in industry; the keeping of a just peace, and so on); through the development of special education characterized by the maximum degree of integration and by the most individual approach possible consistent with the nature and severity of the disability; through full rehabilitation and incorporation into the workforce; through as full a participation as possible in cultural, political, social and economic life; and, lastly, through the dismantling of architectural or other barriers.

At the international level, it will entail concerted action by the competent specialized institutions (in particular the World Health Organization, the Food and Agriculture Organization of the United Nations, the International Labour Organisation, and Unesco) and other organizations such as UNICEF and the World Food Programme, together with the indispensable assistance of the relevant non-governmental organizations, with a view to drawing up guidelines which, as they come to be accepted and implemented by the different countries, will enable 1981 to be seen as the beginning of the end of a situation that urgently calls for unlimited collaboration in the fields both of human rights and of solidarity between all men and nations.

As an Organization that is most outspoken in its opposition to any form of discrimination, Unesco cannot fail to advocate the fullest possible integration of disabled persons into society, with full account being taken of the specific details of each individual case. We should set our face firmly against compartmentalization, for if the "right to be different" is wrongly interpreted, it may turn into *de facto* segregation, whereas the real aim is to achieve the opposite.

This is why "specialized" help should be given to parents, both in their present and in their future plans, in a manner consonant with the gravity and degree of irreversibility of the disablement affecting their children. This is why priority must be given to helping the family, since, in most cases, no other school or place of training or institution can or should replace it. This is why disabled persons must be helped and educated in every possible way. This is why it is necessary to assist and train specialist teachers, as well as those who can make any kind of contribution to the integration process. Last but not least, this is why society and all its members must be "specially educated", so that they can facilitate integration and, with courage and respect for human solidarity, can narrow down the "differentness" and "dependence".

If the International Year of Disabled Persons is primarily a year for the completest possible integration of *every* individual disabled person, it will also herald a new, clearsighted approach to an issue that is of the deepest concern to us all.

At its recent General Conference in Belgrade, Unesco unanimously adopted a resolution inviting its Member States to devote special attention to establishing and implementing all measures that could benefit disabled persons. Countries from every corner of the earth and at every level of development voiced, through their representatives, their profound commitment to the problems of disabled persons. The action which some of them have already decided to take, or are planning, gives additional cause for hope.

On the threshold of 1981, deeds not words are called for if that hope is not to prove a disappointment to those who are so much in need of encouragement.

■ **Federico Mayor**

"A handicap is not simply the corollary of a disability, it is also in part imposed by society. Furthermore, the definition of a handicap varies according to a country's culture, traditions and level of development. In a rich country a blind person can, for example, obtain a complete education giving access to a profession, whereas in most developing countries he or she may not have access to education; such a person would be handicapped not only by a disability, he or she would have an additional handicap imposed by the social and economic conditions in his or her country. One of the major objectives of the International Year of Disabled Persons is precisely to encourage governments to eliminate progressively all such forms of handicap, of which disabled persons are the victims."

Zala Lusibu N'Kanza
Executive Secretary
for the International Year of Disabled Persons

The United Nations Declaration on the Rights of Disabled Persons

THE GENERAL ASSEMBLY

MINDFUL of the pledge made by Member States, under the Charter of the United Nations, to take joint and separate action in co-operation with the Organization to promote higher standards of living, full employment and conditions of economic and social progress and development,

REAFFIRMING its faith in human rights and fundamental freedoms and in the principles of peace, of the dignity and worth of the human person and of social justice proclaimed in the Charter,

RECALLING the principles of the Universal Declaration of Human Rights, the International Covenants on Human Rights, the Declaration of the Rights of the Child and the Declaration on the Rights of Mentally Retarded Persons, as well as the standards already set for social progress in the constitutions, conventions, recommendations and resolutions of the International Labour Organisation, the United Nations Educational, Scientific and Cultural Organization, the World Health Organization, the United Nations Children's Fund and other organizations concerned,

RECALLING ALSO Economic and Social Council resolution 1921 (LVIII) of 6 May 1975 on the prevention of disability and the rehabilitation of disabled persons,

EMPHASIZING that the Declaration on Social Progress and Development has proclaimed the necessity of protecting the rights and assuring the welfare and rehabilitation of the physically and mentally disadvantaged,

BEARING IN MIND the necessity of preventing physical and mental disabilities and of assisting disabled persons to develop their abilities in the most varied fields of activities and of promoting their integration as far as possible in normal life,

AWARE that certain countries, at their present stage of development, can devote only limited efforts to this end,

PROCLAIMS this Declaration on the Rights of Disabled Persons and calls for national and international action to ensure that it will be used as a common basis and frame of reference for the protection of these rights:

1. The term "disabled person" means any person unable to ensure by himself or herself, wholly or partly, the necessities of a normal individual and/or social life, as a result of a deficiency, either congenital or not, in his or her physical or mental capabilities.

2. Disabled persons shall enjoy all the rights set forth in this Declaration. These rights shall be granted to all disabled persons without any exception whatsoever and without distinction or discrimination on the basis of race, colour, sex, language, religion, political or other opinions, national or social origin, state of wealth, birth or any other situation applying either to the disabled person himself or herself or to his or her family.

3. Disabled persons have the inherent right to respect for their human dignity. Disabled persons, whatever the origin, nature and seriousness of their handicaps and disabilities, have the same fundamental rights as their fellow-citizens of the same age, which implies first and foremost the right to enjoy a decent life, as normal and full as possible.

4. Disabled persons have the same civil and political rights as other human beings; paragraph 7 of the Declaration on the Rights of Mentally Retarded Persons applies to any possible limitation or suppression of those rights for mentally disabled persons.

5. Disabled persons are entitled to the measures designed to enable them to become as self-reliant as possible.

6. Disabled persons have the right to medical, psychological and functional treatment, including prosthetic and orthetic appliances, to medical and social rehabilitation, education, vocational training and rehabilitation, aid, counselling, placement services and other services which will enable hem to develop their capabilities and skills to the maximum and will hasten the process of their social integration or reintegration.

7. Disabled persons have the right to economic and social security and to a decent level of living. They have the right, according to their capabilities, to secure and retain employment or to engage in a useful, productive and remunerative occupation and to join trade unions.

8. Disabled persons are entitled to have their special needs taken into consideration at all stages of economic and social planning.

9. Disabled persons have the right to live with their families or with foster parents and to participate in all social, creative or recreational activities. No disabled person shall be subjected, as far as his or her residence is concerned, to differential treatment other than that required by his or her condition or by the improvement which he or she may derive therefrom. If the stay of a disabled person in a specialized establishment is indispensable, the environment and living conditions therein shall be as close as possible to those of the normal life of a person of his or her age.

10. Disabled persons shall be protected against all exploitation, all regulations and all treatment of a discriminatory, abusive or degrading nature.

11. Disabled persons shall be able to avail themselves of qualified legal aid when such aid proves indispensable for the protection of their persons and property. If judicial proceedings are instituted against them, the legal procedure applied shall take their physical and mental condition fully into account.

12. Organizations of disabled persons may be usefully consulted in all matters regarding the rights of disabled persons.

13. Disabled persons, their families and communities shall be fully informed, by all appropriate means of the rights contained in this Declaration.

Resolution 3447
Thirtieth session, 2433rd plenary meeting
9 December 1975

feeling free

HOLLIS

My disability is called cerebral palsy, and I was born with it. There are different kinds of cerebral palsy. With the kind I have, the brain messages come down to the legs a little bit slower than they usually would in a physically fit person's body. My legs are limited in what they're able to do.

For example, when my friends are walking somewhere, I can usually keep up, but when they run they leave me behind. That's OK with me though. I don't really care how fast the others go. I just go at my own pace.

Sometimes, when I'm walking down the street, people stare at me and ask me questions.

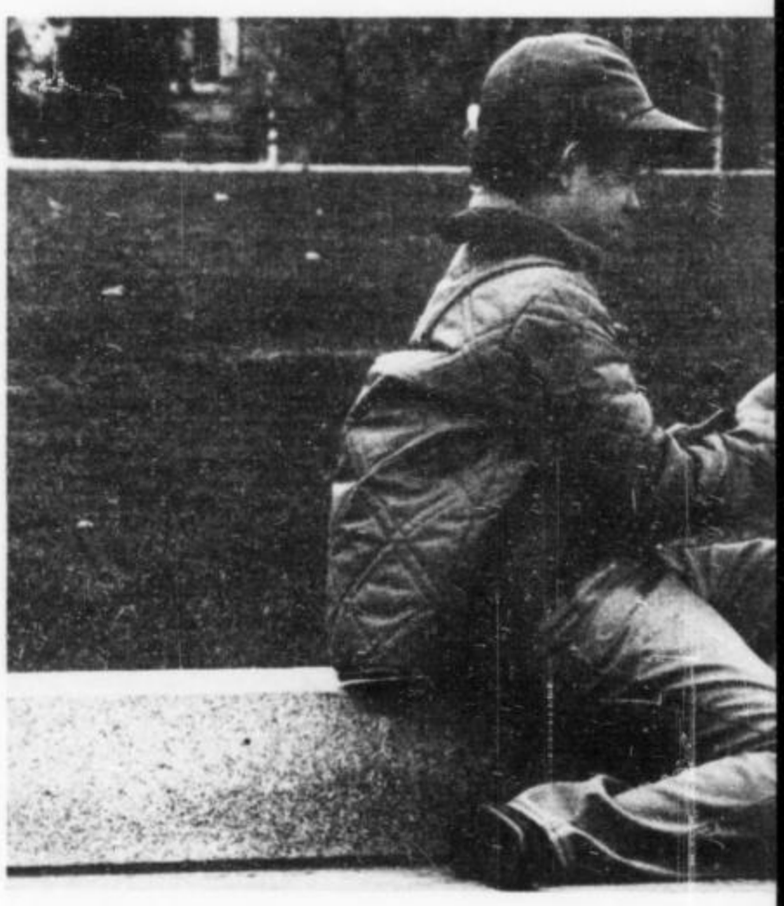
I really do like it better when people ask me questions instead of just sitting there staring at me or talking about me behind my back. I figure they might just as well ask the question instead of keeping it in their head. Otherwise, how are they going to get an answer? And when they do ask, it gives me a chance to say, "Listen, you can do things I can't do, and I can do things you can't do."

One thing that helps me an awful lot is getting encouragement from my family and my friends. It helps to keep me on my feet.

I do have a lot of handicapped friends, but I like being friends with people who aren't handicapped, too.

My friends don't look at my handicap as much as my personality, and I really like them to do that. If I can keep making other people do that, I figure everything will be better.

I think everybody has problems... not just people with handicaps. I figure everybody should work with their problems and just think of a way to solve them. If that doesn't work, they should just keep trying, and if everything doesn't work they should just complain a little bit. Then, after they complain, they should try it again.



GINNY

When I was a baby, I looked like any other baby, but when I was about three or four years old, they found out I was a dwarf. At first they thought I was just a short girl, but then the doctors took some X-rays and they could tell for sure.

A dwarf is a person whose bones don't grow as fast as everybody else's. In fact, they grow much slower. That means that my arms and legs are shorter, but all of my insides are the same as any other twelve year old's insides... my heart and my liver and all that junk.

Sometimes it's really hard to be small; there are certain things that are just much more difficult for me to do. It's hard to reach things that are too high, it's hard to run very fast, and it's hard to walk in places where you have to keep going for a long time, like zoos and parks and shopping centres.

The hardest thing about being a dwarf is when people tease me and stare at me.

The television series *Feeling Free* was created by the Workshop on Children's Awareness, a division of the American Institutes for Research, Cambridge, Massachusetts. The photographs, by Alan Brightman, and the quotes from Hollis, Laurie and Ginny reproduced on these pages are © The American Institutes for Research, Cambridge, Massachusetts, U.S.A.

Feeling Free **is the title of an award-winning American television series that introduced children to their disabled peers. Its aim was to help schoolchildren feel free with their handicapped colleagues and make friends with them, to create a climate in which candid questions could be asked and discussions could take place, and to help disabled children to feel free to be themselves within the school environment. The programme enabled children from all over the United States to put questions about disabilities to those best able to answer them—the handicapped children themselves. It attempted to give some insight into what it is like to be blind, deaf, retarded or physically handicapped. On these pages we introduce Hollis, Laurie and Ginny, three of the children who appeared on the programme and who were willing to answer questions about what it means to be disabled, to speak about their likes and dislikes, their fears and joys, and about not only what makes them different but also what makes them like everybody else.**

If people would realize that dwarfs are people too, it would make it a lot easier to be small.

People are just people, and all those things that make us different don't really matter. It's friends that matter, just sharing things with them... being with them.

My friends and I have such a good time doing things that we forget about each other's sizes and shapes and freckles and fatness and skinniness and all those things that are different about each other. A difference doesn't matter so much when you're with friends.

One thing's for sure: I don't want special attention. It's really lousy when people try to baby me or carry me or something like that. I don't want anyone to think they have to take care of me like that, because I'm old enough to take care of myself. And I'm pretty good at it, too.

LAURIE

It's funny, you know, but I don't like to consider myself handicapped. I have as many friends as anyone else, I go to public school just like anybody else... I don't think of myself as being so different.

I guess I'm just like most 14-year-old girls. I like to do all the same things, but it's just that sometimes I have to learn my own way of doing them.

Before I went totally blind, I used to think that if you couldn't see, you wouldn't be able to do anything on your own. All I could think about was a little man on a street corner holding a tin cup. I never thought of a blind person being able to go to school or take a bus or do almost anything. I guess that's the way most people think about it.

You want to know what makes me really uncomfortable? Every once in a while there are these people who come up to me and don't say anything. They keep real quiet and just look at me. It's as if they're going to find the answers or something all over my face.

I guess people stare because they just don't understand what being blind is all about. I guess they have questions that they don't know how to ask.

Another thing that really aggravates me is when people talk about me as if I weren't there. I can't even describe how angry that makes me. Like sometimes someone will ask my mother, "And how's Laurie?" ...and, I mean, I'm standing right there. I'm not invisible.

Confidence is maybe the most important thing to have. It makes me remember that I'm me, so that I don't have to keep worrying about what other people are going to think. If you have confidence, then it doesn't really matter much what people think.

Now I'm beginning to realize that I'm my own person, and that the way I dress and the friends I have and the things I like to do are just different. They're not better or worse... they're just different.

The courage to take risks

by Edward V. Roberts

EDWARD V. ROBERTS, *who has been a quadriplegic (paralyzed in both arms and both legs) since 1953, directs California's Department of Rehabilitation from a wheel-chair with an attached respirator. Under his leadership the Department has become the principal state agency providing services for disabled people.*

ONLY a few years ago people like myself were considered objects of charity. In many ways we were lucky if we obtained the kinds of services we needed to become part of the mainstream.

I remember the attitudes that I faced at fourteen years of age, when, in about four days, I changed from an aspiring athlete to a helpless cripple. We know how devastating that can be for individuals and for their parents who cannot know the future. I look back to the time when my greatest fear was what would happen when my parents died. Their greatest fear was exactly the same thing. I remember the doctors telling my

Photo © Japan Sun Industries, Beppu City

Himself confined to a wheelchair, a Japanese worker welds wheelchair frames in a productive, semi-sheltered workshop at Beppu City, Japan.

Photo Jungkwan Chi © Parimage, Paris

An orchid, a traditional subject in Japanese art, takes shape under the brush of budding artist Oh Soonie.

mother that I would be nothing more than a vegetable.

We know that disability is not the overriding factor, but instead it is a motivation; it is believing in yourself and having people around you believe in you; with teachers who know that if they have the right kind of skills and knowledge and a basic belief in you, nothing is going to stop you. No barrier, whether it is a ramp to get on to the podium, a communication barrier for a deaf person, reading for a blind person, or a barrier imposed by attitudes about people who are labelled retarded, can stop that motivation.

In terms of my own development, one of the things that helped me the most was that I was not segregated. My community did not have a separate school for the disabled. They had to figure out a way to get me from my bed as a literal shut-in to begin my education again. I had to overcome the fear of going out and having people stare at me because I was different.

Then in my senior year of high school, I discovered it is not too bad to have people stare at you. You can take it in a negative way, or a positive way. In a negative way, you can say a person is weird or different; in a positive way, you can be a celebrity. You might as well take it in a positive way or you will remain a shut-in. There were people around me who encouraged me to begin to come out. They cajoled me in a way. From that time, I was beginning to recognize that I had some choices, and that to get anything, I had to learn how to take risks.

Risk taking is something that too many young people with disabilities are sheltered from, for a variety of reasons. Young people with disabilities often do not learn how to take that next risk. I remember when I was at the University of California in Berkeley and I fell in love. It became incredibly inconvenient to have to take an attendant with me everywhere. I had been told for years that I could not drive a power wheelchair, that I was too severely disabled. But I decided to take the risk because I had a lot at stake. At the beginning, I had some crashes but then I learned how, with some help, to make it work for me.

We have moved a long way in the last twenty to thirty years. We recognize that people have limits, but that we cannot define those limits per person. If there is anything I have learned about in my own life, it is this whole issue of limits. So many times I was told that I could not do this or that. I was even rejected by the very department I now direct. I was told that I was too disabled to work.

It is important that we work together to help society understand the vast potential of people with all kinds of disabilities. I myself strongly reject the idea of a hierarchy of disabilities, where a person with a disability who can "pass as normal" is considered more socially acceptable than a person who is visibly "different". We all have potential and the right to fulfil that potential.

I have devoted much of my life to encouraging the coalition of people with disabilities and I am convinced that together we can be an incredibly powerful force for change. We know that a disability is not so terrible—but we also know that the fears, ignorance and isolation that often accompany a disability are terrible. Each of us can serve as a role model for others. My courage can help a person with a very different disability take control of his or her own life. We can also enrich one another's life. Here I'm reminded of my friends, Dennis Santine and Bob Metz, who enjoy rafting down the wild white waters of the Stanislaus River in California. Dennis is blind and Bob is a quadriplegic but that doesn't stop them. They share their strengths and both benefit from it.

If there is one message that I leave with you, I would like it to be how much we all share in the problem of attitudes. The attitudinal barriers that prevent a quadriplegic from living a life of purpose and value also isolate and degrade a person with other special needs. We are in this together. The stereotype connected with one disability impacts on the life of a person with a totally different disability. We can only change all that by working together. ■

Photo © Patrick Segal, Paris

Concentration and determination at the 1980 Olympic Games for the Handicapped at Arnhem, Netherlands.

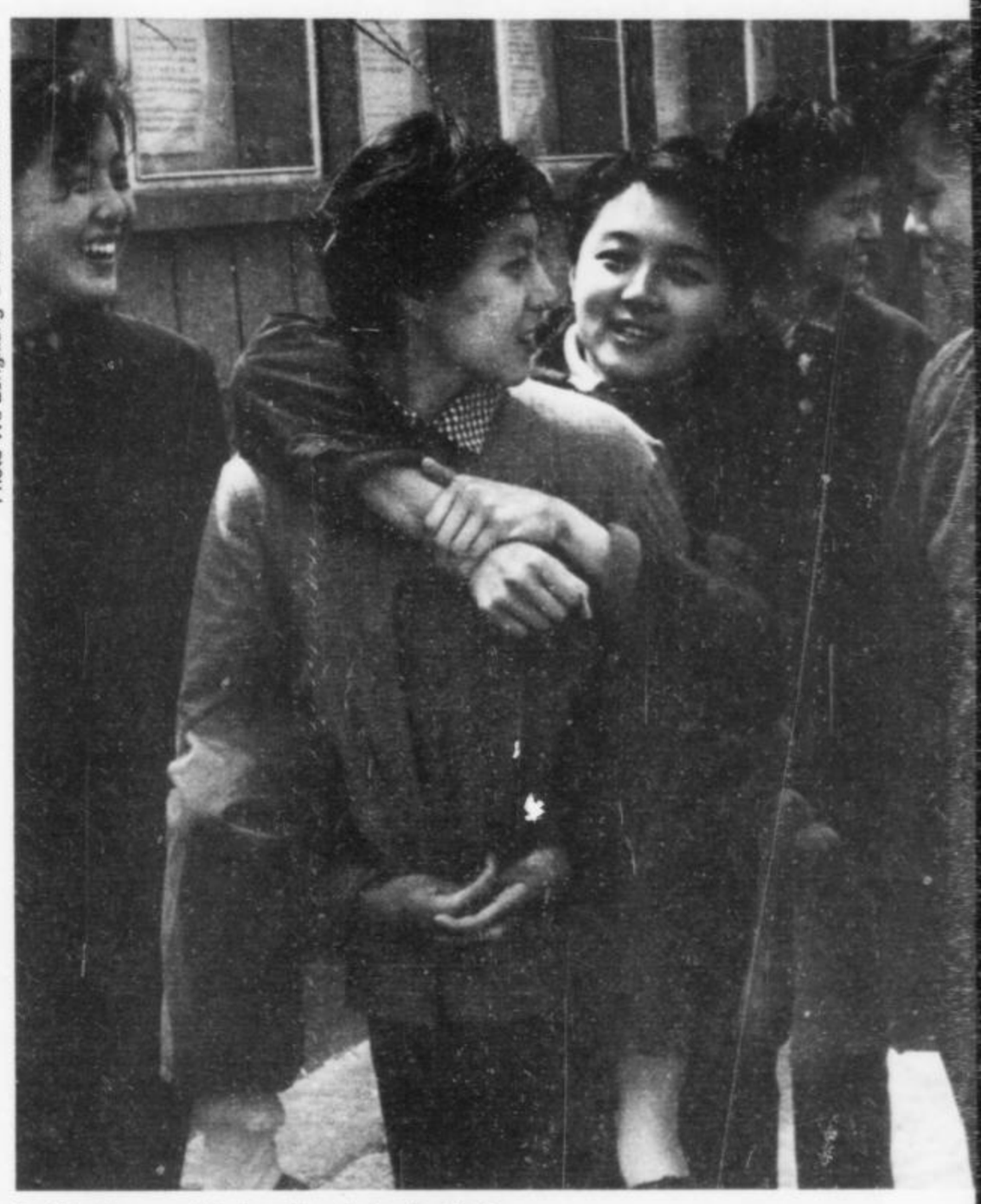


Photo Wu Zengxiang © New China Pictures, Pekin

Fu Yuchuu, a high school student at Qiogdac, China, cannot walk, but her friends make sure that she never misses school or the fun of leisure activities.

is not the overriding factor, instead it is a motivation'

Seeing with my hands

by Olga Skorokhodova

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Poet and essayist Olga Skorokhodova is both blind and deaf. She was born in 1914 at a village in southern Ukraine. Before the age of five she contracted meningitis and completely lost first her sight and then her hearing, so that her speech became impaired. At that time she lost both her parents. In 1925, she entered the clinic for deaf, dumb and blind children set up in Kharkov two years earlier by Professor Ivan Sokolyansky. There her speech was restored. With the help of special methods devised by Professor Sokolyansky and with Braille, she was taught regular school subjects and completed her secondary education. In 1961, she took a doctorate in psychology and pedagogical sciences and is now the senior research assistant at the Institute for the Handicapped of the USSR Academy of Pedagogical Sciences in Moscow. Her book *How I Perceive, Imagine and Understand the World Around Me,* from which the extract below is taken, was published in Moscow in 1972 and has been translated into many languages.

Photo © All-Russia Association of the Blind, Moscow

PEOPLE with normal sight who are not familiar with the blind frequently ask me questions such as: "Who chooses the style and colour of your clothes? Who advises you to buy one dress rather than another? Who sees to the decoration of your room and decides on the arrangement of the furniture? Why are these objects placed here rather than there?"

When I reply that I choose almost everything myself, they look very surprised, so I am told, and often incredulous. Yet it is true.

For example, when I go into a shop to buy a ready-made dress, I examine it and I am able to tell immediately if I like the style and if the dress will fall well. I feel all this with my hands and know at once if a dress suits me. As for the colour, I naturally have to rely on the advice of sighted people.

Sometimes the friends who are with me will say that the colour of a dress or a coat and skirt is attractive and that I look well in it. But if I feel that it does not suit me as well as they say it does, that it is too wide or too narrow, too short or too long, I do not buy it.

During my life I have often had to move house and, on each occasion, I arranged my room according to my taste, relying entirely on my own judgement. This may sound banal and hardly worth mentioning. And it is true that for people who can see and hear, such small events are part and parcel of daily life and appear insignificant. But, for me, moving rooms is a very serious matter.

A sighted person entering a room for the first time will immediately be able to gauge its approximate length and width. And even blind people who can hear are able to fall back on acoustics: they can tell the approximate size of a room from the sounds and vibrations produced by footsteps and voices.

But how does someone like myself who is not only blind but also deaf, set about it? Since I can neither see nor hear, the only way is to examine the whole room very carefully with my hands, in order to discover its length and width and whether it is square or rectangular. Then I have to find out opposite which wall or window the door is situated. Only after a thorough examination of this kind do I really get an idea of the room's shape and size and "see" it in my mind's eye in relation to my furniture. Then I can decide where to put the various pieces.

Naturally I do not visualize all the furniture at the same time but, rather, individual pieces—a chair, the table, the cupboard, bed, sofa, etc. I do not imagine them bigger or smaller than they are in reality, but in their normal size. And when I think of these objects, I do not break them up into constituent parts, say, the leg of a chair, then the seat, the back, I see the whole chair in its real size.

It would be different if I were to examine only one part of an unfamiliar object. Not knowing what the whole of it is like, I would have a mental picture of only that part which I had touched with my hands.

For example, if I were to touch the tip of a stag's antlers and were then asked: "Can you visualize the animal's general appearance and the shape of its antlers?", I would certainly reply: "No". On the other hand, if I touch the edge of my bed-head, I visualize the whole bed. And once I have studied the peculiarities and distinctive features of a particular chair, I have an exact image of that chair and could recognize it anywhere.

So, having examined my new room and discovered its size, width and length, I can easily arrange my furniture without the help of sighted friends. I arrange it according to my taste following a plan I have thought out in advance. Sometimes I do not follow the initial plan entirely, but that is merely for the sake of convenience: to put a

table in the middle of the room, as many housewives do, would be very impractical for a blind person like myself.

Since I always maintain the same order in my room and keep things in the same place, I gradually adapt my movements to the position of the furniture in a completely unconscious way. For instance, if I am sitting on the sofa and want to pick up a sheet of paper or a pencil from the table, I stretch out my hand in the right direction without a moment's hesitation. And when I need something from the cupboard, I take exactly the number of steps required.

Often after moving from a small room to a larger one, or the reverse, I feel uncomfortable for the first few days. The big room seems immensely long and I stop instinctively in the middle without going as far as the table or the cupboard I am searching for in the empty space around me. When the room is smaller than my old one, I bang into the furniture at the beginning, because I imagine the chairs and table to be further away than they actually are. But in both cases the furniture does not seem to be larger or smaller; I see it in my imagination in its true dimensions.

This shows, I think, that blind people's perception of the world around them is true to life—different from but not inferior to the perception of sighted people.

A well-meaning woman once tried to convince me that the blind cannot perceive the true shape and volume of objects. She believed, I can't imagine why, that they see them as larger or smaller, especially smaller, than they are in reality. Then she said:

"If one were to put an apple and a cucumber into your hands, and then take them away, how would you perceive them? Small or big? Round or long?"

I told her what I felt:

"I would 'see' the apple, as an apple, not as anything else, true to size and round, of course, with a little stalk. And I would perceive the cucumber as a cucumber, long and narrow. Naturally, I would never confuse it with an apple".

"But when you feel an object and then move away from it, do you perceive an image of the entire object, or only part of it?" she asked.

"At the moment I feel your hand in mine, but I am not familiar with your face, for I have not yet examined it. I cannot therefore imagine what it is like. I know, however, that you have eyes, a nose and a mouth, like every human being. If I touch only the tip of your nose, I vizualize the tip, but I realize that you have a complete nose. Let us suppose for a moment that you have masked your face or hidden behind a screen, but through an oversight one eye and part of your chin are still visible. A sighted person coming into the room by chance would retain the image of one eye and a bit of chin, though he would acknowledge, or course, that you have a complete face."

I do not know whether this answer satisfied my friend entirely; she remembered to thank me for a pleasant chat but seemed a little disturbed...

After this conversation I analysed the various mental pictures I formed very carefully. I had to be sure I had given a correct answer when comparing the images perceived by blind and sighted people. All day long, I kept trying to remember various examples of perception and representation of which I had read or been told.

I am well aware of the power of imagination. Fine, expressive hands have sometimes led me to believe that the person I am communicating with is endowed with every physical and moral quality. But when I later discover—with the aid of my hands—that I am mistaken, the image dissolves and all that is left is a beautiful dream.

The illusions of the imagination are as hurtful to sighted people as they are to the blind. Sometimes emotions erode our will-power, but reason and common sense must illuminate reality and help us to struggle against false perceptions of the world. ■

Olga Skorokhodova's example has been an inspiration to countless handicapped people in the Soviet Union and throughout the world. The three deaf-blind scientists seen in animated conversation below, from left to right Georgei Gazenco, Sergei Sirotkin and Natasha Korneeva, have followed in her footsteps. Sirotkin and Korneeva graduated with honours from Moscow University in 1977 and are now engaged in research at scientific institutes. Gazenco is a graduate of the State Historical Archive Institute, Moscow, and is preparing a thesis on the history of Italy. In the USSR between 500 and 600 blind people enter institutes of higher education every year.

Photo I. Varushenko © All-Russia Association of the Blind, Moscow

The handicap

Photo © CNAM, Laboratoire de Recherche Brigitte Frybourg, Paris

A group of enthusiastic pupils at a centre for deaf children in Yaoundé, Cameroon.

NO amount of straining the imagination can adequately convey to the normal hearing person what it feels like to be deaf from birth or in early childhood. Deafness deprives the deaf individual of the ability to enjoy, not only music, but even more important, environmental sounds such as those made by singing birds, rustling wind, croaking frogs and running streams.

Great as these deprivations are, they are nothing to compare with language retardation which early profound deafness imposes upon its victim. Edna Levine, a notable psychologist who had studied extensively the problems of deafness, once lamented: "Not to hear the voice is not to hear spoken language. Not to hear spoken language means that the proverbial child remains in complete ignorance of this basic verbal tool for human communication and communion".

Lack of hearing subjects the deaf child to learning language visually and artificially, without first having heard it spoken. This explains why many who were born deaf or who became deaf early in life, are bedevilled by language difficulties all through life.

PETER O. MBA *is head of the department of special education at the university of Ibadan, Nigeria. He lost his hearing in an accident at the age of twenty-five.*

Communication problems apart, personal experience, supported by the literature, indicates that deafness has a pervasive effect on the total personality of the deaf person, including his social adjustment, perception and general motor activity. He is severely limited in understanding the world around him, in making himself understood, and in making the most of his learning experiences.

Be this as it may, quite a few deaf people have surmounted the difficulties inherent in deafness, and have gone on to achieve world recognition. Our world is richer today because of the lives of deaf persons like Beethoven, the composer, the Spanish painter Goya, the French educator Laurent Clerc, and Thomas Edison the inventor.

Apart from these great stars, many other lesser lights have contributed in their various fields of endeavour to the general enlightenment and progress of humanity.

By and large, however, the number of deaf people who have achieved renown is infinitesimal in comparison with the millions of illiterate unemployed and underemployed hearing-impaired people all over the world—especially in the developing countries. I recently carried out a survey which showed that less than 10 per cent of school-age deaf children are receiving education in the so-called "Third World", due to widespread prejudice by the general public, not only against the deaf, but against disabled people in general.

There is much in the literature about the attitude of society towards those perceived as handicapped or different from others. One researcher, for instance, found that a negative attitude towards handicapped persons is widespread, even in the United States—a country widely acclaimed as one of the most advanced in the world, in terms of services which it provides for its disabled citizens.

Die-hard myths and superstitious beliefs about causes of disabilities buttress negative attitudes and determine the way a handicapped person is perceived and treated, even in his own family circle. In a recent study of attitudes towards the deaf, I noted that in parts of East Africa, a congenitally deaf child is believed to be obeying an injunction by a god who had warned him not to divulge some secrets confided to him. To avoid possible risks, the child opted to be born "deaf and dumb". This, in turn, provided a good cause why other people should have little to do with him. A similar belief in some parts of Nigeria explains deafness in terms of adherence to the adage : "Once bitten, twice shy". A child's soul coming back to incarnation chooses to be deaf because in the preceding life he had listened to everyone

# of prejudice

by Peter O. Mba

Photo © Gallaudet College, Washington, D.C.

Dance can play a role in the education of the deaf and in their integration into society. As well as providing a means of self-expression, it may help them to develop physical balance and communication skills, and contribute to their intellectual and psychological fulfilment. Photo shows a young deaf dancer communicating in sign language while warming up. She is a student at Gallaudet College (USA), an institution for the deaf whose dance group has a world-wide reputation.

who appealed to him, and thereby met his untimely death.

Although education and general enlightenment are fast changing negative attitudes, one still frequently encounters acts of cruelty to deaf persons. There have been cases of forcing deaf youngsters to submit to "treatment" by faith healers who very often prescribe days of fasting. Some of these healers even recommend corporal punishment and self-mutilation as a form of penance—all for being "deaf and dumb".

A few years ago, a deaf girl was left to waste away in a psychiatric ward where she remained for four years without any ailment, except deafness. She was later discovered by a state rehabilitation counsellor.

In many under-developed communities people frequently become very emotional when confronted with deafness. Thus, they embarrass the deaf individual and compel him to see himself as a person of no worth, an object of ridicule.

A couple of years ago, an expectant deaf girl was among a group of other expectant mothers who were waiting to see their doctor in a prenatal clinic. The deaf girl sat quietly in a corner while the other women carried on a lively discussion. A few minutes later a young teacher who had taught in the last school attended by the deaf girl, recognized her and walked across the room to say "Hello" to her. Soon, both were conversing in the language of signs. There was a hush in the room as the other women stared at the two people making signs and laughing. A minute later the women were sobbing and dabbing their wet eyes with handkerchiefs. One of them had explained to the others that the girl making signs was deaf. They could not believe it. They did not think that a deaf girl could also be an expectant mother! Naturally, the poor girl was greatly embarrassed at this unwarranted display of sympathy. Incidents like this occur in various situations in rural communities.

To conclude, my thirty years experience as a deaf man who lost his hearing at the age of twenty-five has taught me so much about the humiliations, misunderstandings, denial of human rights and lack of empathy which deafness frequently brings upon the deaf, that I have come to believe that the crucial factors in deciding whether or not a deaf person will live a successful life are the prevaliling attitudes at home and in the society in which the lives. ■

Social factors are related to the occurrence of mental illness in a number of ways. It often happens that social events or conditions are largely responsible for precipitating a mental illness, while social conditions may combine with psychological or biological factors to predispose an individual to illness. As the sociologist would put it, the cultural environment and the changes in it certainly affect the prevalence of mental illness in a community and in the social groups composing it.

Social factors can also influence the course and outcome of a mental illness, since the effectiveness of treatment will depend largely on the social context in which it is provided. Moreover, retraining and rehabilitation programmes are necessarily designed to meet social objectives. Cultural attitudes and beliefs also play a part in defining who in a society is to be labelled mentally ill, in the process by which a person is recognized as needing treatment, and in the decision whether or not he is to be referred to the psychiatric services; they also influence the scope and the type of psychiatric services that society provides.

'I am so afraid they will laugh at me'

by Barbro Lundahl

ANNA is a mentally retarded woman in her thirties. She went to school under the system of special education for the mentally retarded. After leaving school she tried to work on the open labour market but was forced to give up when she found she could not cope with the demands. At present she is living with her boyfriend and taking care of the household. The dialogue below is from a conversation with psychologist Barbro Lundahl in which Anna tells how she experiences her handicap, of how she is ashamed and afraid, and how she feels herself to be on the outside.

Anna: To be retarded is to be not well... When something is wrong in the head... When a person can't do as much as other people... like graduate from high school or work in a hospital like others do. Things go slower for the retarded... But maybe that's why I'm retarded... Because there's something wrong in my head?

Barbro: *Who has told you that you are retarded?*

Anna: My mother said that I'm a little retarded, and... I'm not like other people.

Barbro: *In what way are you not like other people?*

Anna: Everything goes so slowly for me, I move so slowly, I forget things, and when I talk, it sounds funny and no one understands what I say. I think they don't understand me because I'm not like other people... That I'm a kind of scapegoat.

Barbro: *When was the first time you felt like that? Can you remember?*

Anna: Yes, in school. It feels bad to be retarded. It's so depressing to be retarded. I want to be well, like other people. Well and happy. But I just feel unhappy.

Barbro: *Is it something to be ashamed of, being mentally retarded?*

Anna: Inside of me, I think it's ugly to be retarded... Like when people look different from other people, or when they look sick. I think I look different from other people when I'm retarded.

Barbro: *You mean that you must look strange because retarded people look strange?*

Anna: No, I don't look as strange as them. But inside me I feel strange that I'm retarded. I just want to cry, just cry.

Barbro: *Have you been able to talk to anyone other than to your mother about being retarded?*

Anna: At my job, where I worked before... they used to say "she's cracked."

Barbro: *Did they say that? How did you feel?*

Anna: Unhappy.

Barbro: *Haven't you ever tried to explain why some things are hard for you, what the reason is?*

Anna: No, I don't dare. I would feel even dumber. Maybe I feel like that now, when I tell you.

Barbro: *What do you think I feel about people who are retarded?*

Anna: That they are like other people.

Barbro: *If you think that, why would you feel dumb when you tell me things?*

Anna: I just feel like that inside me.

Barbro: *What do you feel about other retarded people? Would you rather be with them or with other people?*

Anna: I want to be with normal people. Listen... can I ask you about something? We who are taking this course... are we all retarded?

Barbro: *Yes, more or less. It wouldn't be right to call all of those taking this course retarded, but every person here has had difficulties in school. You think a lot about your boyfriend... Was that what you wanted to know... if he's retarded? Is that important for you?*

Anna: That's not so important. But I don't dare tell him I'm retarded. He might want to break up.

Barbro: *Do you really believe that? Don't you think he has understood that it's hard for you to do certain things and that he likes you anyway? This being retarded... it's only* one *part of a whole person. You have so much more—you can feel things and show what you feel. And you can do lots of different things. It's only a few things which are hard for you to do. You're worth just as much as a person as anyone else.*

Anna: Yes, but I don't want to be retarded. I want to be well. My sisters aren't retarded.

Barbro: *No, they have had a little more luck in life than you have... You say that you aren't well. Have you ever wondered if there is a medicine that retarded people can take and be well?*

Anna: Yes, but that wouldn't work, it's too late. Can you see I'm retarded?

Barbro: *That is a hard question to answer. But I don't think it shows on you. I think you look like most other people.*

Anna: But here, inside my head?

Comments: *Anna is deeply unhappy over her mental retardation, which she experiences as shameful and unattractive. She dare not talk about it and expects no understanding from those around her. Thus, it is natural that she, like many other mentally handicapped persons, tries to conceal her handicap. She mentions several times that she believes other people can see that she is retarded. She says that she wants to be normal. She separates herself from other mentally retarded people when she speaks of them both as "they" and "we".*

Anna needs much support and help in learning to accept and stand up for herself. It has been my experience that this is common among adult mentally retarded people. They must be given opportunities to talk about themselves and their situation in an atmosphere where they dare bring forth all their ideas and questions. They must understand that they are not suffering from some shameful disease which cannot be talked about.

They need to know which of those difficulties they experience are due to mental retardation, and which are due to discrimination experienced in social contacts, both official and informal. We who work with the mentally handicapped must seek out their opinions and then respect those opinions, rather than present patent solutions to their problems.

We must learn to listen with a sensitive ear and be open and honest in our contacts. Only then can we expect the mentally handicapped to be able to express their own wishes for their lives, to set goals and to take the responsibility necessary to realize those goals. ■

BARBRO LUNDAHL *is a Swedish psychologist with many years experience of working with the mentally retarded. She is the author of a book on psychology specially written for use by the mentally retarded.*

Photo © Gottfried Preusche, Dresden. International photographic contest UNO/FIAP

Photo Michel Claude - Unesco

The world at our fingertips

Have you a friend who is blind? If so, take out this Braille text and give it to him or her. It contains the following message, printed in English, French and Spanish Braille:

"Unesco Braille Courier *published in English, French, and Spanish by the United Nations Educational, Scientific and Cultural Organization, 7 Place de Fontenoy, 75700 Paris, France, Telephone 577 16 10. This free, quarterly magazine for the blind contains articles specially selected from the* Unesco Courier *on all aspects of education, science, culture and communication. Requests for copies should be sent to the Editor-in-chief at the above address."*

Sighted persons who may wish to read the text should refer to the Braille alphabet reproduced on page 23. The English text of the message covers the whole of the first of the 4 Braille pages (page 19 of the magazine). Braille reads from left to right, but since for production reasons these pages have been inserted sideways, to read the English text you must first turn the magazine (open at page 18-19) round longwise so that the "top" of the ink-printed pages is to your left. The top line of embossed dots, running parallel to the serrated outside edge of the page, shows where the text begins.

The Unesco Braille Courier

by Frederick H. Potter

AT the time of Unesco's first involvement with visually handicapped people—in 1949, when the Government of India requested the Organization's assistance to bring order to replace the chaos of the multifarious, unrelated adaptations of the Braille system in many countries—the prospects for most of them of receiving suitable education and vocational training were poor.

Unesco's response was to establish a *World Braille Uniformity Programme* which, by the end of 1953, had achieved recognized success. It was, though few seemed to appreciate it at the time, a fine example of what can be accomplished when people of different languages and cultures work together for the common good. Not only was agreement reached on literary codes, so that blind people throughout the world might read the same Braille books, learn foreign languages through Braille, exchange ideas and experiences in Braille letters, but important progress was made on the use of the embossed script in music and science notations.

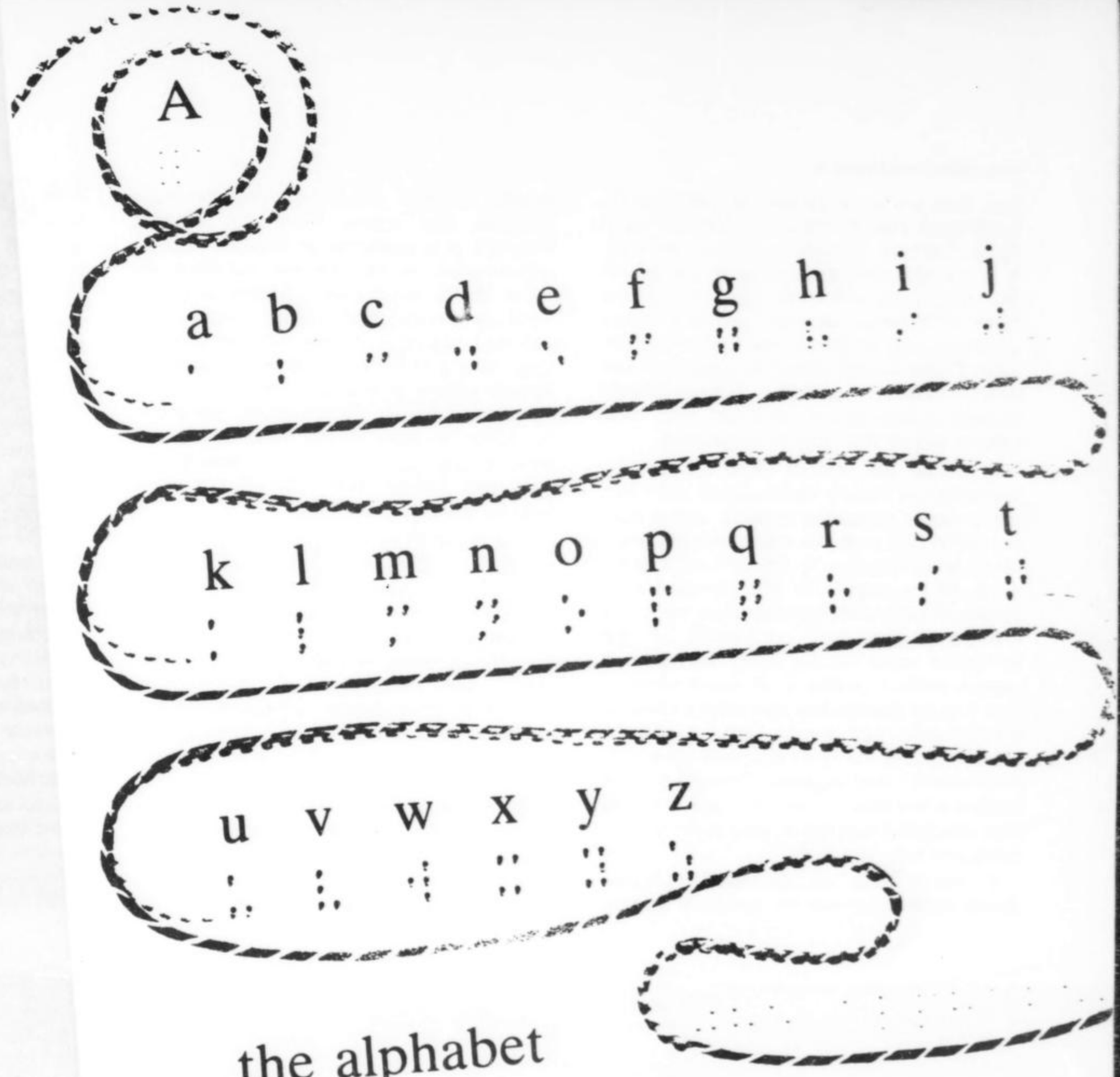
There followed the launching of the World Braille Council, which was to enable all other Braille matters to be discussed at an international level. *World Braille Usage,* an important reference book for those involved in Braille printing, improving Braille codes and creating new ones in developing countries, was published by Unesco in 1953, and an up-to-date edition will appear this year. A new publication, *Working with Braille,* will also become available in 1981. These initiatives aroused great interest in Unesco among people who could not read our magazines and pamphlets through lack of sight, and, as the years passed, this interest intensified in proportion to the growth of Unesco's activities. Many inquiries were received from the visually handicapped about the Organization's aims, history, and programme, but when told that there was no documentation in Braille, they felt excluded and wondered about the "right to information".

I remember most vividly that spring day in 1974, when an advance copy of Unesco's first publication for the blind arrived from the printer, and how my admiring fingers caressed those beautiful, neat Braille characters. It was a general pamphlet on Unesco in English, French, and Spanish, containing the answers to all those questions which had been addressed to us. This was a big stride forward, and two years later appeared issue number one of the six-monthly magazine, the *Unesco Braille Review,* composed of articles from different Unesco periodicals.

Red Thread Riddles, a fun-book for blind and sighted children from six to ten years of

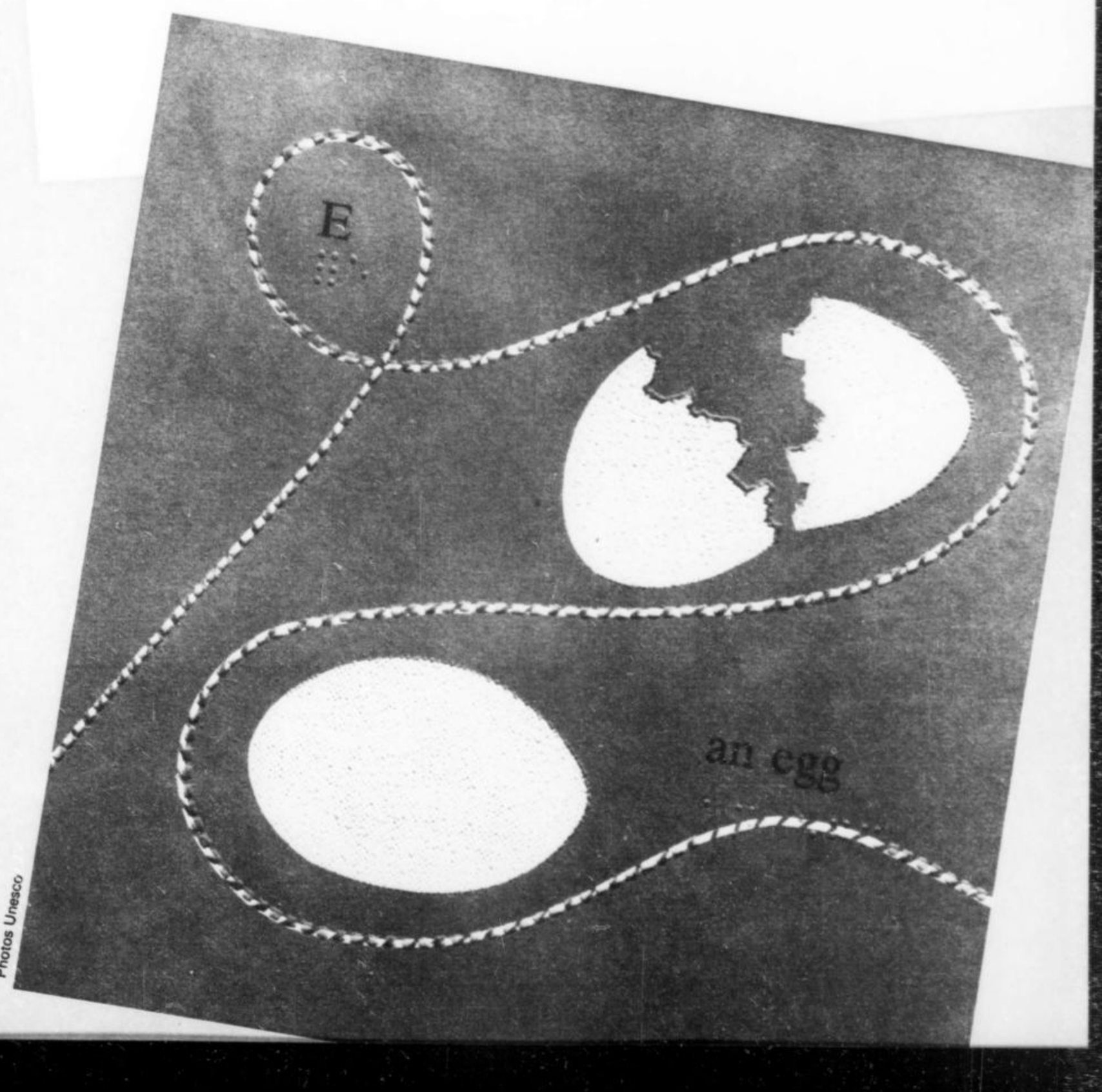
CONTINUED PAGE 24

FREDERICK H. POTTER, *who is himself blind, is Managing Editor of the Braille edition of the* Unesco Courier.



RED THREAD RIDDLES

Braille is a code of small raised dots on paper that can be read by touch. Named after its inventor, the blind Frenchman Louis Braille (1809-1852), the system is based on a "cell" of six dots which can be arranged in various combinations to represent different letters and sounds (see article page 26). Above right, the Braille alphabet as presented in *Red Thread Riddles,* a booklet of ingenious word-puzzles which Unesco helped to produce. The novelty of the book, by Virginia Allen Jensen and Polly Edman, is that it is aimed at an audience of both visually handicapped and sighted children. The text is in both Braille and ink-print, with embossed illustrations in colour. Right, an illustration of a page from *Red Thread Riddles* (see "Bookshelf" page 38).



Photos Unesco

CONTINUED FROM PAGE 18

age, was produced as part of Unesco's International Year of the Child Programme in 1979. The text, consisting of word puzzles, is in ordinary print and in Braille; the simple illustrations are embossed and in colour. In a class of children who can see and others who can not, it shows the former exactly what Braille is and how it is used, and the latter acquire greater self-confidence through being placed on a par with their fellows where this book is concerned.

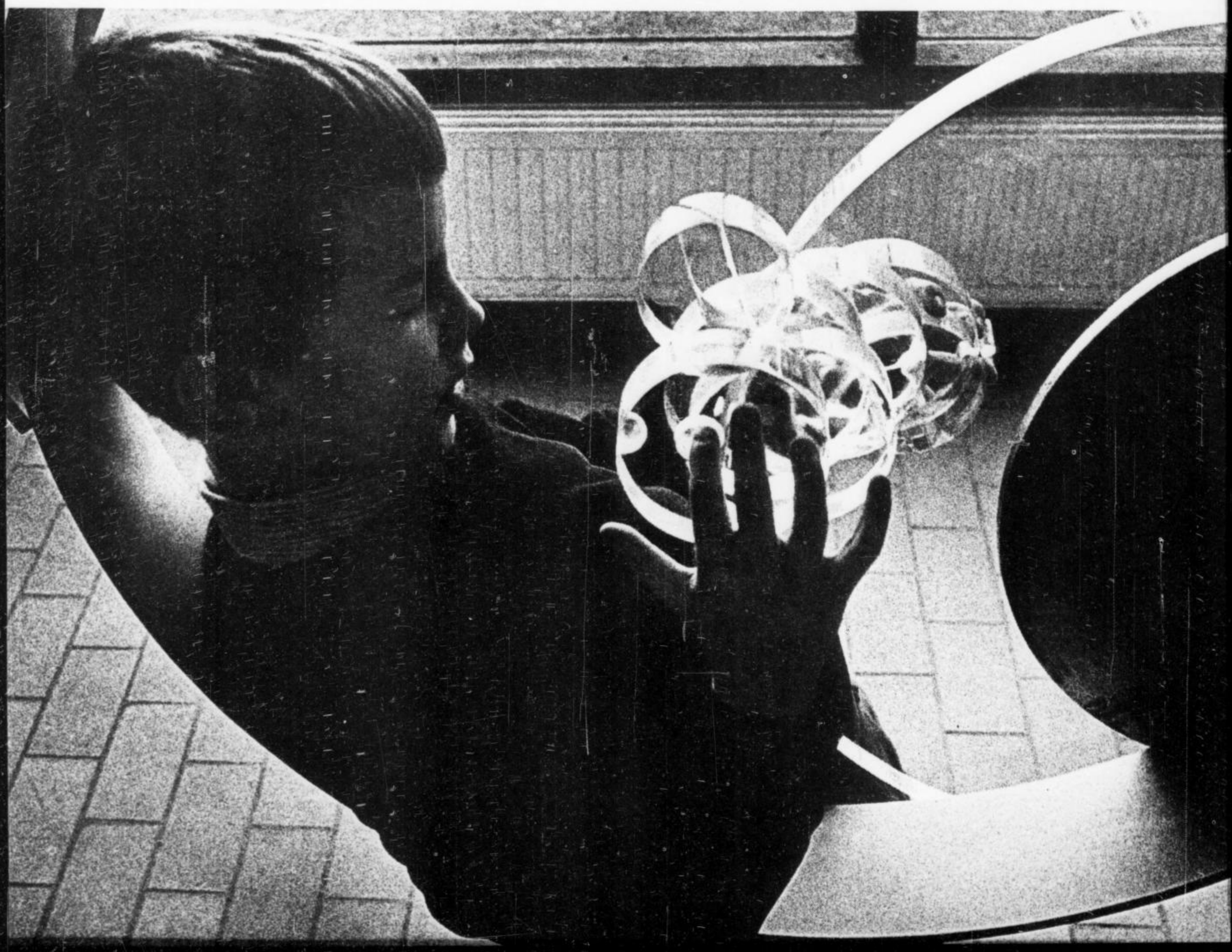
It follows the current trend towards integrating the visually handicapped child into the ordinary education system, rather than providing him with the traditional, separate form of instruction in specialized institutions. In the past, after the completion of studies in such a sheltered environment, the emergence into the hurly-burly of the workaday world caused many young blind people serious problems of re-adjustment. *Red Thread Riddles* has also been a boon to blind mothers with young, sighted children, for it is usually the first book they have ever been able to read together. Only an English version is available at present, but it is hoped that adaptations in other languages will be produced later this year.

In March 1980, the six-monthly *Unesco Braille Review* became the quarterly *Unesco Braille Courier* (most of the Review's material had come from the *Unesco Courier*). It is published in English, French, and Spanish, at the moment, but plans are afoot for the production of other language versions. English and Spanish editions are printed in Grade 2 (contracted) and Grade 1 (uncontracted) Braille respectively, while the French edition is in both uncontracted and contracted Braille. Care should, therefore, be taken to state which form is required when requesting French copies: people who can read *intégral* may find *abrégé* quite beyond them.

The decision to make no charge for the Braille magazine remains unaltered. The majority of non-sighted people live in developing countries: they are usually very poor and cannot afford to pay for a Braille publication. Thus, being available to all who can read it, the *Unesco Braille Courier* is an incentive for blind people to become literate, which helps open up to the road to education and the possibility of a higher standard of living. That so few of the 70 million sightless people in the world today are able to read Braille, is one of the most challenging facts for Governments to ponder over during this International Year of Disabled Persons. Illiteracy is so much more prevalent among the blind than among the sighted because, when budgetary allocations are made in many countries, little attention is given to the educational needs of the former.

Publication of the *Unesco Braille Courier,* the only Braille magazine produced by the United Nations system, makes available to blind people, for the first time, all the resources of a major international magazine published in twenty-five different language editions, thus placing them on an equal footing with the estimated million and more sighted readers of the *Unesco Courier.*

It contains articles of general appeal which reflect current trends of thought and action in Unesco on world problems, articles describing peoples and their living conditions in different lands, a wide variety of cultures, and physical features in various regions of the world. Of course, the special interests of our readers are taken into account by the selection of material on subjects such as all forms of music, scientific and technological advances which may have some application to the improvement of apparatus or services for the visually disabled, innovations in special education, etc. Articles must not be too long, for, when



transcribed, one page of ordinary print becomes three or four pages in Braille.

To judge from letters we have received, this publication is the most popular Unesco achievement to date among people who cannot see. "It is a new light in our darkness", wrote a young man in an African country. One of our printers said that he and his staff always enjoyed working on it, "because the articles are so different from those usually published in Braille."

Increased longevity in industrial countries over the past thirty years has changed the average age of sightless members of their populations; more than half of them now lose their sight after the age of fifty, a time of life when it is difficult to acquire the sensitive touch necessary for reading Braille with one's fingers. To solve this problem, recording our magazine on cassette is a possible future development. In whatever form it is received, it is hoped that the *Unesco Braille Courier* will continue to help satisfy that hunger for information and knowledge which is just as acute among blind people as among any other members of society.

■ **Frederick H. Potter**

Photo © Jean-Francis Fernandes, Paris

Louis Braille

A touch of genius

by Serge Guillemet

THOUGH blind people in France enjoyed certain privileges during the Middle Ages, their situation was generally very precarious. Their main activity was begging and the highways and byways were full of desperately poor blind men and women, drifting wretchedly from place to place. They were a frightening sight with their dull, expressionless eyes, ill-assured gait and torn, dirty clothes.

The second half of the eighteenth century was marked by humanitarian trends. Valentin Haüy, a young civil servant, was moved and deeply disturbed by the plight of the blind in the community, the state of dependency and inferiority in which they were kept and their consequent lack of self-respect. He was particularly outraged in 1771 at the way they were exploited at fairs—made to wear cardboard spectacles and perform discordant tunes on broken-down musical instruments with the scores turned upside down. It was then that he decided to devote his life to improving the lot of the blind and he became their first teacher.

His school—the Royal Institution for the Blind—was established in 1784 and Haüy set about teaching the sightless to read by printing in relief ordinary letters of the alphabet, much enlarged and stylized. These early books for the blind were few in number, cumbersome and very expensive. Yet the letters and words painstakingly deciphered by sightless students who could not yet write, awakened in them an immense thirst for knowledge. Valentin Haüy had created the climate necessary for further research and paved the way for a new leap forward.

SERGE GUILLEMET, *who is himself blind, is director of studies at the National Institute for Young Blind Persons, Paris. From 1975 to 1978 he was inspector of education at the French Ministry of Health. The co-author of a noted study on the education of blind, visually handicapped and deaf-blind children and adolescents, he has taken part in many radio broadcasts both in France and abroad.*

This was to be the work of a remarkable man, Louis Braille, who lost his sight as the result of a stupid accident. The son of a saddler, he was born on 4 January 1809 at Coupvray, a small village to the east of Paris. As soon as he was able to walk, the boy used to spend his days in his father's workshop, playing with pieces of leather he found there. One day, when he was three years old, the knife he was handling slipped and entered his eye. The infection which developed soon spread to the second eye and, by the time he was five, Louis was completely blind.

His family, however, refused to give up the struggle. They wanted the boy to be given an education and every possible opportunity to develop. So Louis was sent to the village school where his lively intelligence and excellent memory enabled him to make good progress. Far from being a passive pupil and an object of pity he took an active part in the work of the class along with his sighted school fellows. His father taught him to read by hammering nails into a plank to form the letters of the alphabet.

The village schoolmaster, however, decided that Louis deserved to be given special training and, in 1814, at the age of ten, he was sent to the Royal Institution for the Blind, in Paris. The school, at that time, was housed in damp, cramped and very unhealthy premises (and many of the blind students, including Louis Braille himself, later developed tuberculosis).

The new pupil showed himself to be exceptionally gifted.

In 1821, a former captain of artillery, Charles-Marie Barbier de la Serre demonstrated to the blind students a system of "sound" or "night-writing" which he had developed to enable soldiers in the field to communicate with one another during the hours of darkness. It was a phonetic system of raised dots in which the different sounds were represented by two columns of six dots.

Young Braille (he was then only twelve years old) was not satisfied with Barbier's system: there were too many dots, no spelling was required, and there were no accents or symbols for mathematical and musical notation. But the idea of using raised dots had been born. It was to develop in Louis Braille's mind as a means of freeing his fellow-students from the drudgery of a very limited system of education.

He continued to attend school regularly in the daytime, but spent the evenings working out and experimenting with a more effective system of reading and writing for the blind. During the summer holidays which he spent with his family in his beloved Coupvray, the peasants would often meet him sitting by the roadside, busily "pricking away" at a thick sheet of paper.

Louis was not yet sixteen when, at the end of 1824, he came up with an idea of genius—an alphabetic code based on the various permutations of six raised dots set out in two parallel columns of three (See page 23).

We all have two shoulders, two hips and two knees. Put a raised dot on each of these points and you get the idea of the basic letter—very much enlarged—of Louis Braille's system.

For the first ten letters of the Roman alphabet: A B C D E F G H I J, the dots are only on the shoulders and hips. The following ten: K L M N O P Q R S T, repeat the "design" of the first ten, with an additional dot on the left knee. The next five: U V X Y Z, also repeat the first letters of the alphabet but with extra dots on *both* knees. And finally the last symbols: CH GH SH TH WH ED ER OU OW and W duplicate the combinations of the first ten with an additional dot on the *right* knee.

Altogether sixty-three permutations are possible with this system. The distance between two Braille dots is 2 or 2.5 millimetres, and to decipher a text the reader slides his or her fingertips along the embossed line.

In 1829, Louis Braille published a short work presenting and explaining his system, which he had completed by adding symbols for punctuation and mathematical and musical notation. The final version of his script was published in 1837.

Braille's invention was greeted with enthusiasm by his pupils and colleagues at the Royal Institution where he was now a teacher, and his script was immediately adopted, for it proved far superior to the classical system of reproducing Roman characters in relief.

But Barbier de la Serre was jealous of the young inventor and continued to press for the adoption of his "sound writing", while sighted teachers at the school still favoured ordinary letters in relief and were reluctant to let the blind use a different code for the alphabet. Later other systems of relief writing were suggested in place of Braille, including the New York point and Moon systems.

Despite constant ill-health and a very heavy workload—by 1818 he was teaching geography and algebra, to which he later added music, and had become organist at the Paris church of Saint-Nicolas des Champs—Louis Braille continued to struggle to gain recognition and make his system more widely known.

Gradually his script came to be adopted throughout the world. This modest and compassionate man—all those who approached him spoke of his kindness—thus became the benefactor of blind people everywhere. He died on 6 January 1852 at the *Institut National des Jeunes Aveugles* in Paris aged only forty-three.

Used today for transmitting knowledge in every field of human endeavour, the Braille script can be mastered by scholars and simple folk alike. Modern electronic appliances are now available for transcribing ordinary writing into Braille, but Louis Braille's original code still serves its purpose.

In many countries blind children now attend school along with their sighted fellows, and are provided with textbooks, dictionaries and other Braille materials, while specialized libraries offer books and journals in Braille.

Yet innumerable blind people are still denied the opportunity of benefiting from Louis Braille's invention. It is to be hoped that these men and women will soon be provided with the means of acquiring knowledge and education so that they can lead useful, productive lives and play an active role in their communities.

Louis Braille restored the dignity of the blind as human beings. His alphabet of dots is a star that lights their darkness. ■

Unesco and the International Year of Disabled Persons

by Nils-Ivar Sundberg

FROM its earliest days. Unesco has worked to improve education for disabled children and young people, and in 1966 a comprehensive programme was drawn up to develop co-operation with the United Nations and other UN agencies such as the World Health Organization (WHO), the International Labour Organisation (ILO) and the United Nations Children's Fund (UNICEF) as well as some 40 non-governmental organizations working for handicapped people; carry out worldwide surveys and studies on special education for the deaf, the blind, the mentally and motor handicapped; and provide member countries, at their request, with the services of experts and consultants to help plan activities for the disabled and train their teachers. Unesco also provides fellowships for the training of personnel in specialized fields, supplies equipment to schools and centres for the handicapped and supports meetings and training seminars. Through special studies and meetings Unesco is drawing up guidelines for member States for the development of education for the handicapped. Since 1968 when its special education programme was launched, the Organization has supported more than 200 projects in some 80 countries around the world, from Algeria to Zaire.

Unesco has also helped organize theatre workshops and seminars for deaf players, published a major work on the standardization of Braille, and established a scheme enabling schools and institutions for the disabled, especially in the developing countries, to buy special equipment and material abroad.

Action in the field

— Unesco plans to launch a regional project in 1981 to stimulate the creation of educational facilities for the handicapped in the English-speaking countries of Africa. This project, to be financed by a $780,000 grant from the Swedish government, will include a seminar for high-level decision-makers and for training administrators of special education programmes in the region, as well as four national training seminars for teachers of the handicapped, fellowships for study abroad and consultancy services for countries in the region.

— Teacher training will also be stressed at the Bahrain rehabilitation centre for handicapped children and young people which started operating in April 1980. The centre, set up with Unesco/UNDP (United Nations Development Programme) assistance, consists of three units for educating the mentally retarded, the deaf, and for vocational education and training. It also receives assistance from ILO and the UN Office of Technical Co-operation.

— In Syria, the activities of the Aleppo and Damascus Institutes for the deaf are to be extended, and two new institutes will be established at Homs and Lattakia with Unesco/UNDP assistance.

— During IYDP, consultants in special education will be attached to the four Unesco Regional Education Offices in Africa, Asia, the Arab States and Latin America to advise Unesco member countries on the development of educational facilities for the disabled, and mobile teams will carry out training seminars for teachers of the handicapped in these regions.

Under Unesco's "Research and Human Needs" programme, a multidisciplinary project on "requirements for the physical and mental development of the young child" is to be carried out in Algeria, Italy, Portugal and Spain. The aim is to identify and assess the nutritional, biological, environmental and other needs of infants, young children and lactating women and promote effective measures to offset disease and physical and mental deficiencies. Research will be conducted by national teams, including biologists, nutritionists, chemists, geneticists, neurophysiologists and sociologists. This work will be co-ordinated by Unesco in collaboration with UN specialized agencies such as FAO (the Food and Agriculture Organization of the United Nations) and WHO, and non-governmental bodies like ICRO (International Cell Research Organization), IBRO (the International Brain Research Organization) and IUNS (the International Union of Nutritional Sciences).

Cultural events

— A series of activities planned to encourage participation of disabled people in cultural life and develop their creative talents, will include theatre, dance and music workshops, as well as training seminars for specialist personnel. Among ideas being discussed with organizations of the handicapped and international cultural organizations are a workshop on music therapy for disabled people, an exhibition on the art and culture of the deaf, and a literary contest on the theme: the problems faced by the handicapped.

— An exhibition of posters for IYDP designed by European artists will open at Unesco headquarters early in 1981, together with a display of photos illustrating participation of the handicapped in the life of the community in countries around the world.

— A series of special activities at the local and regional levels is also planned by the 2,500 Unesco Clubs operating in 77 countries.

Conferences

— A major international conference to be held in Spain in November, 1981, will examine in a global interdisciplinary context the contribution education can make to solving the problems of the handicapped. To be held under the patronage of Her Majesty the Queen of Spain, who has always taken a special interest in all problems relating to disabled persons, this meeting will also be attended by Mrs. Zala N'Kanza, Executive Secretary of the International Year of Disabled persons. It is being organized in consultation with UN agencies and international organizations of the disabled.

— A seminar arranged in co-operation with the United States Department of Education on the role of parents and pre-school training in the education of small handicapped children.

— An expert meeting on the integration of multiple and severely handicapped people into ordinary and vocational education, under the joint sponsorship of Unesco and the Federal Republic of Germany.

— A seminar on the way new attitudes to handicaps reflected in children's literature can help the integration of disabled children into everyday life. This meeting, to be organized with the Bologna Children's Book Fair in March 1981, will bring together publishers and specialists in the education and counselling of the handicapped.

— A symposium on ways of eliminating problems that may arise from the application of copyright to materials for the visually and hearing handicapped. Studies on the production and dissemination of such materials, prepared by the World Council for the Welfare of the Blind and the World Federation of the Deaf, will be examined by the administrative bodies of the Universal Copyright Convention (UCC), for which Unesco provides the Secretariat, and the other major international convention, the Berne Union.

Co-action programme

Through this programme, groups and individuals can purchase special Unum cheques, a kind of international money order issued by Unesco, and make a contribution—even a small one—to help the handicapped in developing countries.

In 1978-79, over $130,000 were donated in this way to special education projects in Ethiopia, Ghana, Haiti, Lebanon, Madagascar, Malaysia and Peru, while $46,000 went to the World Council for the Welfare of the Blind to help finance their prevention programmes and buy much needed equipment for schools for the blind in the Third World.

Co-Action is issuing an illustrated booklet outlining the activities and needs of schools and centres for the handicapped in Africa, the Arab countries, Asia and Latin America. Among the most pressing needs are: funds to provide medical treatment for the prevention of blindness and finance training programmes for teachers, as well as Braille typewriters, hearing aids for the deaf, education toys, and equipment for pottery and carpentry workshops.

These are some of Unesco's plans for the International Year of Disabled Persons. As new initiatives and activities in favour of the education of the handicapped arise the Organization will continue to give them its support, both during IYDP and in the years to come. ■

NILS-IVAR SUNDBERG, *of Sweden, has directed Unesco's programme of Special Education for Handicapped Children and Young People since it started in 1968. Formerly Director of Special Education in Stockholm and lecturer at the Stockholm School of Education, he was for nine years Advisory Officer at the Swedish National Board of Education on questions of special education for the handicapped, including teacher training and curriculum planning.*

Disability and the developing world

by Norman Acton

A survey conducted in 1968 by Rehabilitation International, an international agency with 105 member organizations which serves disabled persons in sixty-five countries, produced the now familiar estimates that there were some 450 million people in the world with significant disabilities, and that the number was increasing by approximately three million per year. Subsequent calculations by other institutions, including the World Health Organization, substantiate that the total is probably in the range of the original estimate. If the increase has been at the rate estimated, then the total today is nearly 500 million. It can be assumed, therefore, that at least ten per cent of any population is likely to have been born with or to have acquired a physical, sensory or mental disability of sufficient impact to prevent their functioning as fully as persons of their age and sex are expected to do in their societies.

Information about the situation in the developing areas is the least accurate. It is probable that the incidence is higher. While progress in the more advanced areas has reduced the amount of impairment caused by diseases such as poliomyelitis and trachoma, by malnutrition and by faulty prenatal care, it has provided equivalent increases through the automobile, industrialization, pollution, increased longevity, diets laden with sugars and fats and other blessings. Nevertheless, it is probable that the conditions in the less developed areas—malnutrition, poor sanitation, endemic and epidemic crippling diseases, faulty practices surrounding birth, inadequate treatment of infection—are producing even larger proportions of disability than in the industrialized countries.

If the assumption that at least one in ten of every population is likely to be born with or acquire a significant disability, is applied to the developing areas of the world, this means that we find in those countries at least 300 million, and probably more, people with disabilities. These are the places where we find the world's least advantaged people—those for whom poverty, hunger, ignorance, disease, misery and hopelessness are the only conditions of life. Most of these people live either in one of some two million rural villages where the population ekes out a traditional existence with little or no benefit from the resources and capabilities of modern society, or they live in one of the vast and squalid slums which are growing and festering in and around many major metropolises.

For the most part, the people of these hungry villages and these suffering slums are without access to or knowledge of the most basic health and social services, without primary education and without opportunities for vocational preparation. Food is not available to meet minimal nutrition needs, the most elementary requirements of sanitation are neither known nor practiced. Exposure to all of the main causes of impairment—malnutrition of mothers and children, birth defects, diseases and accidents—is universal, and none of the knowledge, skill or resources needed to assist those who are impaired is effectively present.

Even when rehabilitation programmes are in operation, as they are in many cities in the developing countries, their services do not reach these people—the residents of the rural areas and the urban slums. Distances to be travelled and the costs of transportation, the costs of rehabilitation and related care, traditions, social and cultural barriers are all obstacles. Even if they were not, the basic fact is that whatever services exist are incapable of dealing with more than a few of the people with disabilities.

Thanks to a study of the situation of handicapped children being carried out by Rehabilitation International with assistance from the United Nations Children's Fund (UNICEF), I am able to offer some generalizations that I am certain are valid for the great majority of the people living in such areas.

The first has to do with the dreadful implications of the combination of disability and poverty. Either one may cause the other, and their presence in combination has a tremendous capacity to destroy the lives of people with impairments and to impose on families burdens that are too crushing to bear.

We have not come to grips with the interactions between these two forces—the frequency with which untreated impairment starts or accelerates the collapse of a family's already fragile economic base, the degree to which social and economic deprivation are fundamental causes of impairment, and of the escalation of impairment into permanent disability. We do not yet think of services to prevent impairment and to rehabilitate disabled persons as being basic components of economic and social development because we have not yet faced the evidence to be found out there in the villages and *barrios* and *favelas* that they are.

Second, we are finding that, when programmes to assist in the development of the community reach it, the benefits go last and least to those families that are burdened with both poverty and disability, usually because the family with a disabled member has been to some degree rejected from the mainstream of community life and resources. Within the family, it is too often the child with the impairment who is denied the chance for better food, for education, for medical care, for social and intellectual stimulation, even when these benefits do become available to his or her sisters and brothers.

NORMAN ACTON *is Secretary-General of Rehabilitation International, the world's largest federation of organizations providing services for the disabled. He is also chairman of the Council of World Organizations Interested in the Handicapped, a co-ordinating group of major international non-governmental organizations. Founding President of the International Sports Organization for the Disabled, he has been a consultant on problems of the handicapped to the United Nations, Unesco and UNICEF.*

Photo Vincent Sinsena, Moratuwa - Unesco exhibition Full Participation and Equality

The double profile of disability

IN the world's industrially developed countries the scale of the disability situation is just the same as in the developing world, but the nature of the problem is different. There is no trachoma, no onchocerciasis, no severe quantitative malnutrition, but alcoholism and drug-addiction are on the increase, and road accidents and accidents at work—those characteristic features of industrial society—are claiming a rising toll of victims.

It is estimated that some 40 million persons are handicapped as a result of alcohol or drug abuse. In 14 of the 16 countries where WHO has carried out surveys, over 2 per cent of the population are alcoholics. In France, for example, alcoholics constitute 4 per cent of the population, while 9 per cent drink excessively. It should be noted that alcoholism is a cause of many psychiatric disorders, as well as accidents on the roads and at work.

Cardiovascular and cerebrovascular illnesses, which have major disabling effects, are particularly widespread among those who live at the hectic pace of the industrially developed world. Every year, in Europe alone, 2.2 persons in every thousand, that is 900,000 persons under the age of 65, have a heart attack (myocardial infarct). An estimated third of these may live on for at least another ten years, but their participation in active life will be reduced. This means that some 3 million persons will be handicapped to a greater or lesser degree. This cause of handicap is far less widespread in the developing countries.

The various afflictions resulting from peri-natal accidents (some 110 million births take place each year) are found in all countries, but they are most prevalent in the developing world. This is not only because of insufficient medical attention during pregnancy and confinement but because some 75 per cent of all births take place in the developing countries where, moreover, peri-natal risk is several times higher than in the more developed countries. Besides, in India and Sri Lanka, for example, 35 per cent of new-born babies weigh less than 2,500 grammes, whereas in Europe the figure is between 6 and 8 per cent.

Nutrition during pregnancy and the first months of life is vitally important, yet some 800 million persons today go hungry and 800 more suffer from dietary deficiencies. In 1978 at least 20 million children under five perished because they were deprived of the minimum conditions necessary for survival.

Even in the most developed countries, at least 40 per cent of those considered

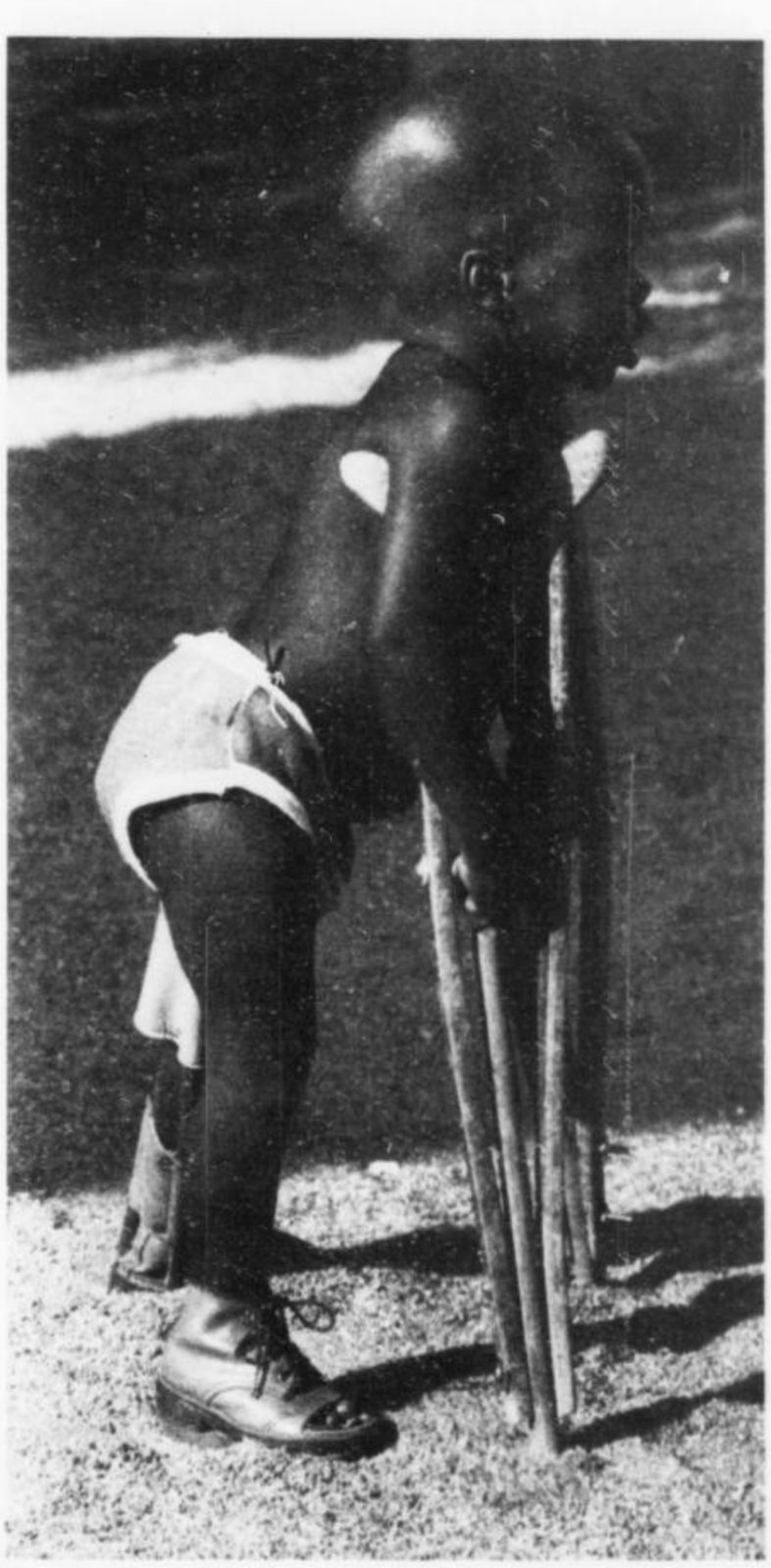
to be mentally backward and/or to suffer from motor deficiencies, owe their disability to peri-natal defect. The most common cause is anoxia (oxygen lack or deficiency).

The age of the mother is another key factor in determining the incidence of various genetic defects. Over the age of 36, for example, the risk of giving birth to a mongol child increases exponentially. The avoidance of premature births will also help reduce the number of handicapped persons.

Everyone in the world must feel concerned by these problems, and current knowledge must be made widely known, for in every country the disparity between what can be done and what is done is glaring and intolerable. All too often the benefits are being reaped only by an elite.

Federico Mayor

The understanding and support of the family are of vital importance to the handicapped. For the past ten years the Family Centre at Kaele, in north Cameroon, has been giving courses which teach the parents of handicapped children how best to help them adapt to their handicap and to live a normal life participating fully in the life of their community. Opposite page, a father and mother teaching their handicapped child how to stand and walk. Right, learning to walk with crutches.



Third, and directly connected with everything I am saying, there is an abysmal lack of accurate information about disability, its causes and consequences, and about what we can do about these things; and an equally appalling wealth of misinformation, prejudice, superstition and fear. This is a major factor in the family's inadequate reaction to the problem when it arises; it is a fundamental reason for the community's ostracizing individuals and families that are affected with disability; it exists in the institutions that might be helping, but aren't—the health centre, the school, the religious grouping; it permeates all echelons of government from the village chief to the ministers of health, education, welfare, labour, community development, planning and whatever else may exist; and it is endemic in the representatives of international and other organizations who are advising on the procedures and priorities of development, and administering international assistance. This absence of information and understanding, and the manner in which it reinforces the traditional distorted concepts of disability which flourish throughout the world. does much to conceal the real magnitude of the problem and to confuse everyone's thinking about the solutions.

Fourth, these factors combine to produce attitudes and patterns of individual and social behaviour that are themselves important causes of disability and of handicapped lives. Children with even minor impairments are often stigmatized as crippled or blind or deaf or retarded and shut off from the very support and stimulation that would enable them to develop and function in society. Adults with certain categories of disability, varying with traditions and culture, are denied participation in the basic forms of social life—the productive activities of the community, its institutions of government, marriage and parenthood—more because of the stigma attached to disability than because it practically limits the capacity for action.

These social forces are not unique to the developing areas; they are well known in every part of the world. In general, however, in the developing world, the individual's role in the community is much more rigidly defined by the circumstances of the family and its traditional relationships and his or her self-image and confidence are derived from the capacity to fulfil that role in the social context in which it has been evolved. Thus when, because of the functional limitations associated with an impairment or because of the stigmatization of the disabled person, he or she is not permitted to grow into and fulfil the traditional role, the individual is very likely to become a non-person, an outcast without value to self, to the family or to the community.

Fifth, at least 90 per cent and probably more of whatever rehabilitation services exist in the developing areas have been designed and activated on the basis of models found in the industrialized West, and have been assisted and staffed by people trained in those models. This international co-operation and assistance has taken place almost entirely in the past 30 years. It has produced some islands of excellence—centres, schools and programmes that are performing as well as the models from which they have been derived—and workers of

great dedication and skill. Two crucial problems remain. First, the totality of the existing services reach at best a few thousand people in the areas where we estimate there are at least 300 million with disabilities and an additional two million each year. And second, we may question whether the concepts of rehabilitation services which have evolved in the industrialized West are necessarily appropriate for areas with quite different economic and social situations.

The rehabilitation model which has dominated the scene both in the industrialized West and in our international assistance activity has three working parts: fancy buildings, elaborate equipment and highly specialized professional personnel. We have evolved standards for each of these components in the most sophisticated setting with unlimited research and development funds, and have cloaked these standards in an aura so sacred that our friends in the developing world are led to believe that anything different is unacceptable.

Our emphasis has been on services that the professional will give to the disabled person and, to a lesser extent, to the family. Initially, because the fashions of our epoch have led us to believe that we can solve anything by an operation, a pill, a pad, an exercise, or a diet, we have projected rehabilitation as an essentially medical exercise. Educational and vocational rehabilitation have been close behind and, in the cities of the developing areas, the numbers of centres specializing in the medical rehabilitation of a few people are followed closely by other centres dealing in what is called special education and vocational training and sheltered employment, but which too often carry out primarily custodial functions.

We have said, "Bring your disabled person to our magic house, with our charmed equipment and our inspired specialists and we will change him or her and send him or her back to you, less disabled and better able to cope in your community." But we have also had to say, depending on the circumstances, "We can take only those of you who can pay our charges, or who are within the neighbourhood of the magic house, or who can come back three times a week for six months, or who have transportation, or who are willing to accept our definition of your future".

It has been our practice, and the burden of the example we export, to lift both the problem and the person with the problem out of the social context in which they exist and to attempt to find a solution in a new context of our making. We have only slowly learned that a person with a disability is also a person with a lot of other things: with a family, with traditions, with customs, with tastes and appetites, with fears and apprehensions, with pride and ambition, and with a culture through which these elements are integrated. The foundation of the thinking we have exported has been to remove the individual from everything in his or her life except the impairment and to concentrate on that. We have, to all practical purposes, ignored the rich array of support that is ready to be activated in the community, in the family, and in the individual with the impairment.

Numbers six and seven are ideas that apply to all international aid for development, and are directly relevant to our concerns. Number six is the principle of social magnetism. It says that, by and large, when we venture into the developing world, we find our greatest empathy with the people who can speak our language, who share some of our ideas about how society should be organized and with whom we feel comfortable. People who meet these criteria are of course usually people who, for one reason or another, have had a Western education and acculturation, who understand the conceptual basis on which our human assistance programmes are based, and who aspire to a similar, albeit inappropriate, set of services in their countries. Please understand me, some of my dearest friends in the world are in the category I have just described, and I fully understand the roles they have played in motivating developing activity, but the hard reality is that they do not always comprehend the real dimensions of the disability problem as it affects all the people of their countries, and their reinforcement of our parochial concepts does not necessarily mean that they are relevant. Our most important challenge is to understand what disability means to the person and the family in the village, and the urban slum.

Number seven, also applicable to all development activity, is the collapse of the "trickle-down" theory. We have assumed that, by stimulating and assisting the establishment of showplace institutions in capital cities, we would start a trickling-down process that would eventually diffuse appropriate levels of service to the smaller communities. When we have talked about national programmes, we have referred to networks of show place centres which would trickle down. It hasn't happened, and we should now know that it won't happen unless there is a very hard-headed plan, based on the realities of both resources and culture to activate it.

What can we do to get a better result from the resources we expect to put into the improvement of the life of disabled persons in areas in the earlier stages of development? Let me suggest some principles that I think you should consider.

I haven't said much about prevention, but this should not imply that I do not think it important. It is completely obvious that we will never effectively reduce the problem of disability until we do something intelligent about reducing the incidence of impairment. Look at the major causes—malnutrition, birth defects, disease and accidents—and at the multi-faceted action necessary to reduce their tragic consequences.

We can prevent the impairment by preventing the malnutrition, the birth defect, the disease or the accident; if it happens, we can prevent the permanent disability by effective care and treatment; and we can prevent so many of the real social consequences, the handicap, by intelligent social action and public education programmes.

We have made a major mistake in separating prevention and rehabilitation. The human experience is a progressive development which starts before conception, when the characteristics of the mating partners may or may not produce impairment, and terminates at death which too often is the culmination of a progressive reduction of capacities, a process which in other contexts we call disability. Everyone is faced, at the moment his potential parents meet, with the prospect of impairment; everyone is likely to suffer a diminution of capacity during his or her lifetime and whether it will be called a disability depends on the culture more than on the incapacity. Our programmes, and the programmes we have urged upon the developing countries, are not based on these realities. They are based on the idea that an impairment is a special event, and that it requires that the recipient be immediately removed from the normal stream of development and performance, and introduced to the blessings of our buildings, equipment and professional personnel.

I would like to suggest that the whole process should be a continuum of prevention, rehabilitation and social action. These are not separate crusades, they are interlocking and interacting components of a system whose only purpose is to support the optimum development of each individual's capacity and personality. Our planning, and the planning we discuss with the developing countries, should be an extension of that concept.

A high priority must be given to convincing everyone who deals in policy about these things that disability is an important cause and consequence of underdevelopment, and that dealing with it must be a priority item in any intelligent development plan.

Another concern is with what we grandiosely call the infrastructure. Because of our involvement with the "magic house, the charmed equipment, and the inspired specialists," we have generally overlooked the potential contribution of the people and institutions which, having more general objectives, nevertheless can and should be helping us. Rehabilitation International has talked with a great many village health workers, teachers, social security agents, political and religious leaders, community development motivators and others who should be ready to assist in this area. The pervasive lack of information I mentioned earlier applies, and also there is an absence of understanding and spirit and motivation that must be corrected if we are to change the situation.

The most important asset for any programme for disability prevention and rehabilitation is the family, and in most developing areas the ties and functions of the family are strong components of the social context of the individual. We should give a much higher priority to activities that will overcome the superstitions and fears of the members of the families of disabled persons, instruct them in procedures they can follow to prevent disability or assist the rehabilitation process, and acquaint them with the sources of help that may be or become available. Successful work at this level, by remaining within the existing social framework of the individual's life, can do much to maintain normal human development and performance whether or not the impairment can be eliminated or reduced.

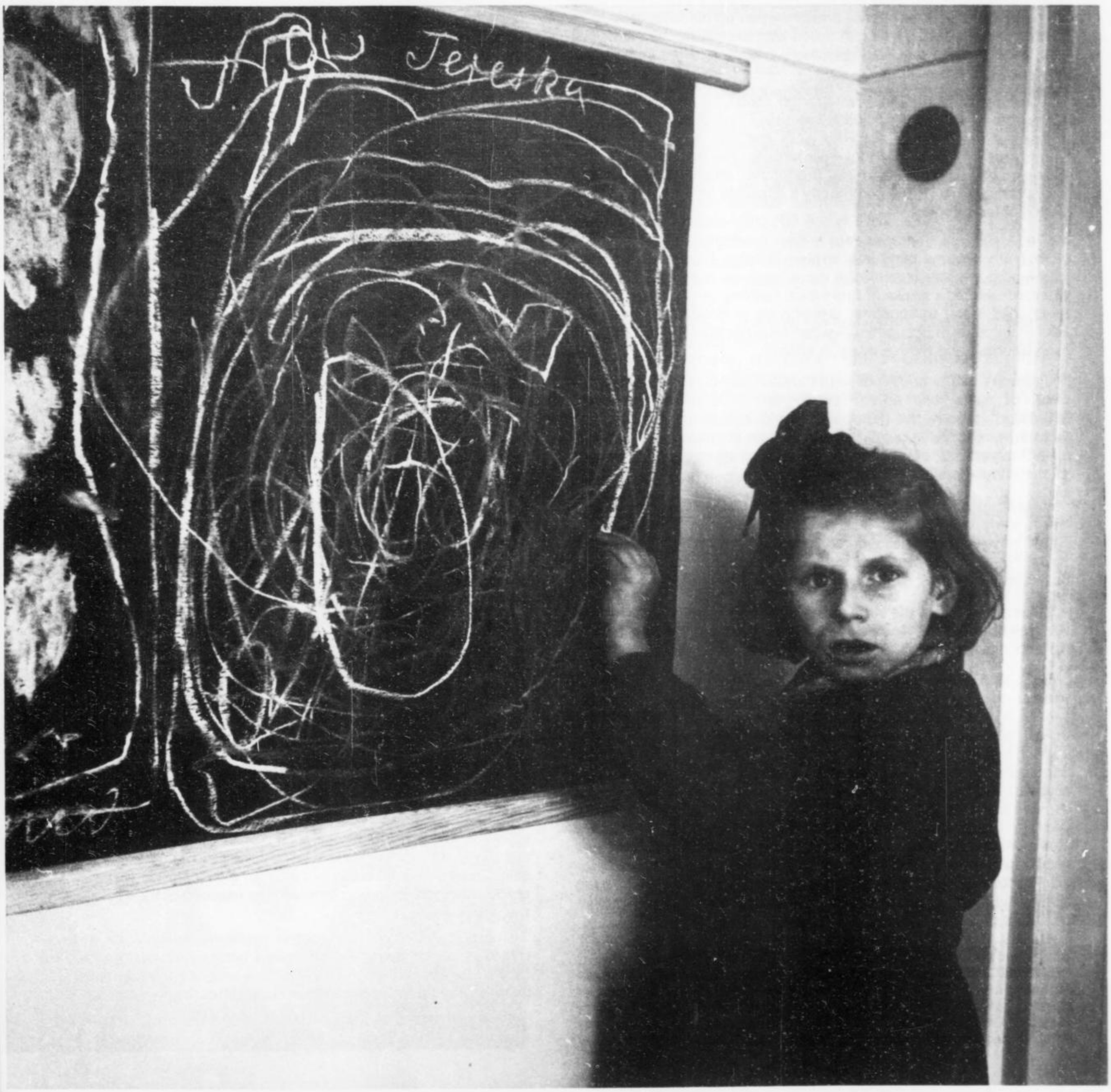
I am aware that I have both oversimplified and over-generalized the situation, and that there are examples of progress supported by international assistance that are more positive than I have described. I will continue, however, to defend the thesis that the situations I have described are those in which the great majority of disabled people in the developing world are living, and that the characteristics I have ascribed to most of our efforts to assist them are accurate—the evidence is out there to prove it.

■ **Norman Acton**

The scars of war

One of the many evils caused by war is the suffering of the enormous number whose survival is bought at the cost of terrible physical, mental or emotional handicaps. Even worse, if that is possible, than the pain, the mutilation, the burns and the psychoses that are the direct effects of war are the indirect effects which still make themselves felt years later: the chaos into which war plunges a country's economy, the havoc it wreaks on the fabric of its society, the poverty, hunger, malnutrition and psychological disorders it leaves behind, the multitudes of refugees it banishes from hearth and home. And it is often children who suffer the most enduring consequences of war. This is the story told so dramatically in the photo below. It was taken over thirty years ago in a special school for war-handicapped children in Poland, but its message is just as relevant and universal as ever. The little girl had been asked to draw her house and family. The inextricable maelstrom of lines she drew, and the baffled expression on her face are the mirror of disorder and ruin the Second World War brought to Europe.

Photo © David Seymour



A future for every blind child

by Pierrette Posmowski

THE place: a town in northern Bangladesh. The time: any weekday during term-time. Two boys are sitting side by side in a classroom, the older one busily writing away with a pen, while the younger, a look of intense concentration on his face, moves his hands regularly across a kind of board with a ruler attached to it. The younger boy—you will have guessed—is blind and the contraption he is using is a Braille set.

The Edward School at Mymensingh, north of Dacca, is one of 47 establishments in Bangladesh practising "integrated education". It has a dozen blind pupils who work and play alongside sighted youngsters in a normal school environment. The education they are receiving will equip them to lead productive, independent lives and take part in many of the community's activities on an equal footing with sighted people.

These children, however, are a tiny, privileged minority. To be born or to become blind is a terrible infirmity by any count. In a developing country it is all the more tragic in that disablement is often considered a stroke of fate which nothing can alleviate. So the blind child is left to vegetate, growing up in isolation without any kind of stimulus or occupation—when he is not actually looked upon as subnormal and hidden away in shame.

Extreme poverty combines with disablement to produce a vicious circle of cause and effect. Every year, it is estimated, some 100,000 children in the developing world lose their sight through vitamin A deficiency associated with chronic malnutrition. 17,000 do so in Bangladesh, for in this country of 90 million people, 80 per cent of the population live below the poverty line.

It was against this backbround that Dr. Michael Irwin arrived in Dacca early in 1977 as UNICEF's representative in Bangladesh. A British physician who has worked for the U.N. for nearly twenty-five years, his task was to direct the very big programme, in terms of both staff and funds, which UNICEF is carrying out in that country.

"One of the things the struck me almost immediately", he recalled in a recent interview, "was the very large number of blind children. No one is quite sure of the total, but it must be at least 50,000."

So in April 1978, together with several Bangladeshi friends, Dr. Irwin set up an organization called Assistance for Blind Children or, simply, ABC. Among the personalities and professions represented on its executive committee are Mr. Habibullah Khan, Minister for Jute, (now Acting President); Mr. Monsur A. Choudhouri, of the Bangladesh National Society for the Blind; Mr. A.M. Mufazzal, Executive Editor of the Bangladesh Times; Mrs. Munira Khan, of the Women's Voluntary Association, Mrs. Salma Khan of the Social Welfare section of the Planning Commission; and Dr. Rabiul Husain, medical adviser, Central Hospital Management, Bangladesh National Society for the Blind. One of ABC's main activities is to provide funds to carry out sight-restoration operations on young children who are blind because of some congenital defect like congenital cataracts. These can be removed by simple surgery in a hospital environment.

In less than two years, between 1978 and 1980, about 300 children—one third of them girls—have had such operations under ABC sponsorship. "To see a child's life changed in this way is one of the most exciting memories I have of Bangladesh," Dr. Irwin said.

ABC is also supporting the government drive for integrated education. In the past two years it has opened five hostels attached to regular schools, where blind pupils can live when their homes are too far for them to travel to and fro to class every day. And a total of 110 children are receiving stipends to pay for their residential and educational expenses. Several of them, Dr. Irwin said, are near the top of their class.

ABC also provides equipment such as Braille kits, watches and radio sets. But perhaps its most exciting venture is the vocational training work it recently started with blind village children in the Mymensingh area.

In the traditional village environment, blind children lead very protected and unproductive lives. They get no formal education and, even if it were available, they would be unlikely to benefit from it. ABC has helped to introduce them to agricultural or farm activities such as vegetable-growing, poultry-raising, fish culture or looking after cattle.

The latest ABC project, currently being developed with the Bangladesh Department of Social Welfare, is the establishment of mobile teams to test the sight of children who normally would not be reached through the school or the health systems. This should help reduce blindness in the villages, for early detection and treatment of a defect or an infection can often prevent a child from losing his sight.

In the Third World impairments are generally due to chronic malnutrition, faulty child-bearing practices, accidents or preventable diseases often iinked to extreme poverty. Nutritional blindness, officially known as xerophthalmia or keratomalacia, is actually the destruction of the tissues of the eye caused by a combination of severe malnutrition and a great lack of vitamin A.

This condition is widespread in the rice-eating areas of Asia, where green vegetables are not usually included in the diet because, culturally, people are not accustomed to them. "In Bangladesh", Dr. Irwin observed, "you find natural sources of vitamin A growing wild throughout the country in the green leaves of plants and vegetables. Normally, these are eaten only by cattle, and yet they could be given perfectly well to human beings."

UNICEF is helping to combat nutritional blindness in several countries in the area by providing massive supplies of vitamin A capsules—to the tune of 30 million a year in Bangladesh alone. These are distributed by community workers to as many children as possible under the age of six: in 1979, for example, 70 per cent of the children in that age group received the required two capsules during the year.

But more important than such emergency measures are long-term efforts to teach people where to find natural sources of vitamin A. Several health and nutrition education programmes of this kind are being launched in Bangladesh and neighbouring countries.

One example is a project started in the state of Tamil Nadu in south India where it is estimated that 6,000 children lose their sight

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PIERRETTE POSMOWSKI *was, from 1963 to 1980, editor of* Unesco Features, *a press and radio service published monthly by Unesco in English, French, Spanish and Arabic. This article is based on an interview with Dr Michael Irwin, president of ABC International and senior adviser on childhood disabilities at UNICEF headquarters, New York.*

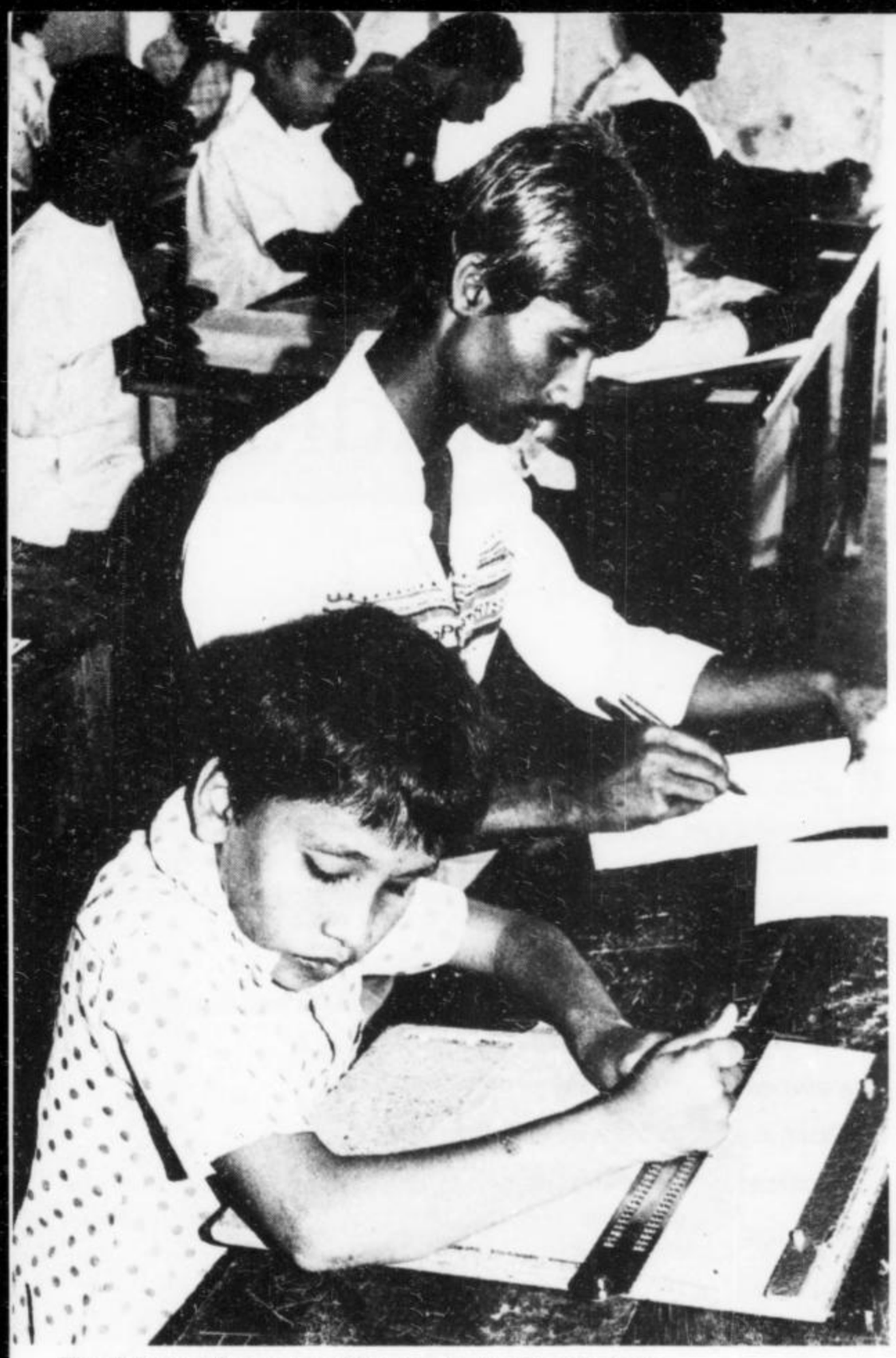


Photo © ABC, Dacca

The Edward School at Mymensingh, Bangladesh.

Accompanied by the local mayor, a health worker from an ophthalmological clinic in Latin America goes through the market looking for people suffering from eye infections and persuading them to have treatment. Several Latin American countries have launched vigorous campaigns aimed at preventing blindness by rapid detection and early treatment of eye diseases.

Photo Almasy © WHO, Geneva

every year. At the Nutrition Rehabilitation Centre attached to Rajaji Hospital in Madurai young patients are treated for night blindness—a white spot which appears on the eye when the diet is lacking in vitamin A and can lead eventually to complete loss of sight—while their mothers are taught how to cook five nutritious meals a day on only one rupee (15 cents). The meals consist of *ragi* (a cereal grass) and groundnut gruel, wheat and *bajra* flour mixture, with greens like drumstick leaves, spinach and a slice of papaya.

Last year, 26 children suffering from night blindness were treated at the Madurai centre. But they are only a fraction of those in need of care. To reach rural children the centre has started a training programme for *balsevikas* (child care workers) who take a short course at Madurai and then return to their village community to spread the good word.

This experiment is typical of the new approach to prevention and rehabilitation which draws upon resources already available within the family and the community. In both the industrialized and developing worlds there is increasing realization that to put a disabled child in an institution is not always the best solution. Such special schools tend to accentuate the child's isolation; they are expensive to run and benefit relatively few children. A more realistic approach advocated by organizations like Unesco and WHO is to preserve the child's normal development as much as possible by integrating care and education into existing services. As Dr. Irwin put it:

"By adding a few simple concepts to the training of community-level workers—para-medics, health and rural social workers, and primary schoolteachers—you can make them aware of the problem and show them what can be achieved by preventive action and modest rehabilitation efforts."

The success of ABC in Bangladesh has led to the establishment of ABC groups in other Asian countries: India and Sri Lanka to begin with and, more recently, Malaysia and Pakistan. In India, for example, several children are being sponsored at schools in the Bombay area and the extension of ABC projects to Pune and Bangalore is being explored; while in Sri Lanka financial support has been given in recent months for several sight-restoration operations, and in Pakistan ABC is providing 300 Braille Kits.

To co-ordinate the activities of these groups and increase awareness of the plight of blind children in the developing world *ABC International* was set up in April 1980 with offices in New York(*).

Support for ABC's activities has come from organizations around the world, including the Christoffel Blindenmission, in the Federal Republic of Germany, the Royal Commonwealth Society for the Blind, in the U.K., and Helen Keller International in the U.S., as well as a number of smaller foundations and individuals.

But funds are still needed, and needed urgently, for the number of blind children being assisted in south Asia is pitifully small—less than 3,000 out of 50,000 sightless youngsters under 15 in Bangladesh, and about 15,000 out of 250,000 in India.

Twenty dollars (or £10, or 100 French francs) will pay for:

- a sight-restoration operation on one eye for a child suffering from congenital cataract. (In Bangladesh, the National Society for the Blind pays the surgeon, but the cost of an attendant to stay with the child in hospital, the general anaesthetic, food and travelling expenses between the child's home and the hospital are covered by ABC);
- a Braille kit for a child in the integrated school programme, consisting of the various instruments required in class packed in a strong wooden box;
- full residential and educational expenses for one month at one of the five hostels maintained by ABC.

Smaller contributions of, say, $2 (£1 or 10 francs) would pay for a pair of "cataract glasses" manufactured locally; while, at the other end of the scale, $5,000 (£3,000 or 30,000 francs) would cover the construction and furnishing costs of a residential hostel, built of brick, with a concrete floor and metal roofing.

Sir John Wilson, director of the Royal Commonwealth Society for the Blind, once said that "it is only in the statistics that people go blind by millions: each person goes blind individually in his own predicament". Keeping that in mind, ABC is striving to ensure "A future for every blind child". ■

** ABC is one of the projects being sponsored by Unesco's Co-Action Programme during 1981—International Year of Disabled Persons. Further information on the project and details of this international scheme which helps to provide equipment and training facilities for schools and centres for the handicapped in the developing world, can be obtained from: "Co-Action", OPI, UNESCO, 7, Place de Fontenoy, 75700 Paris. Contributions should be clearly marked: "ABC International—Bangladesh".*

A working definition of handicap

AFFECTING about 10 per cent of the world's population, disability should be considered as a major medical, social, psychological and economic problem, the magnitude of which can be expected to increase in the future.

Health authorities and medical practitioners have in the past been more attentive to the problems of mortality and acute morbidity than to the less dramatic problems of long-term impairment and permanent disability. A greater understanding is badly needed of disability, of its causes and consequences, and of what can be done to reduce its impact. Disease-oriented medicine needs to be complemented by disability-oriented medicine, and it should be realized in every country that the objectives of medicine are not only the prevention and cure of disease but also the optimum restoration of the individual to normal social function.

In current usage the terms "impairment", "handicap", "disability", "prevention" and "rehabilitation" are often confusing. For several years now the World Health Organization has been instrumental in developing an international classification of diseases (the ICD code), which deals mainly with diagnoses but not with the outcome of diseases or with health status measurements, such as "disability".

In the International Classification of Diseases, the development of an illness is considered to follow a pattern the phases of which relate to the natural history of disease: its aetiology, its pathology and its manifestation. But a sick person also experiences changes in his accustomed social role. If these are long-lasting or severe enough, the patient perceives a need for care which is not primarily related to the pathological manifestation of disease. Thus, there is a need for a complementary pattern to describe the changes in social role resulting from the disease, i.e. impairment, disability, handicap.

Many definitions of these terms have been published but have not been universally accepted. Difficulties arise because several of the terms used are of legal and administrative importance, e.g. terms of eligibility of invalids for pensions. The attempts to define "impairment", "disability", etc. have almost exclusively been concerned with those resulting from physical manifestations and neglected those in which the primary impairment is psychological.

It is quite clear that agreement on the definitions of terms in this area will not be reached for several years. However, in 1980 the World Health Organization published, for trial purposes, a manual of classification relating to the consequences of disease, the *International Classification of Impairments, Disabilities and Handicaps.* The manual contains three distinct classifications each relating to a different plane of experience consequent upon disease:

Impairments

concerned with abnormalities of body structure and appearance and with organ or system function, resulting from any cause; in principle, impairments represent disturbances at the organ level;

Disabilities

reflecting the consequences of impairment in terms of functional performance and activity by the individual; disabilities thus represent disturbances at the level of the person;

Handicaps

concerned with the disadvantages experienced by the individual as a result of impairments and disabilities; handicaps thus reflect interaction with and adaptation to the individual's surroundings.

Example 1

A 16-year-old boy is involved in a traffic accident and one leg has to be amputated above the knee.

Impairment:	loss of leg
Disabiiity:	decreased ability to walk
Handicap:	decreased ability to work, to enjoy normal social activities (sports, dancing), and to make social relationships.

Example 2

A 50-year-old male, who has had hypertension for several years, suffers a stroke resulting in a right-side hemiparalysis and dysphasia.

Impairment:	hypertension disturbance of brain function
Disability:	decreased ability to talk decreased ability to walk and use right hand fatigue through low physical endurance
Handicap:	inability to work, partial inability to look after himself, and reduced ability to interact with surroundings.

Example 3

A 3-year-old girl is left with severe scars on her face and her entire left arm after burns.

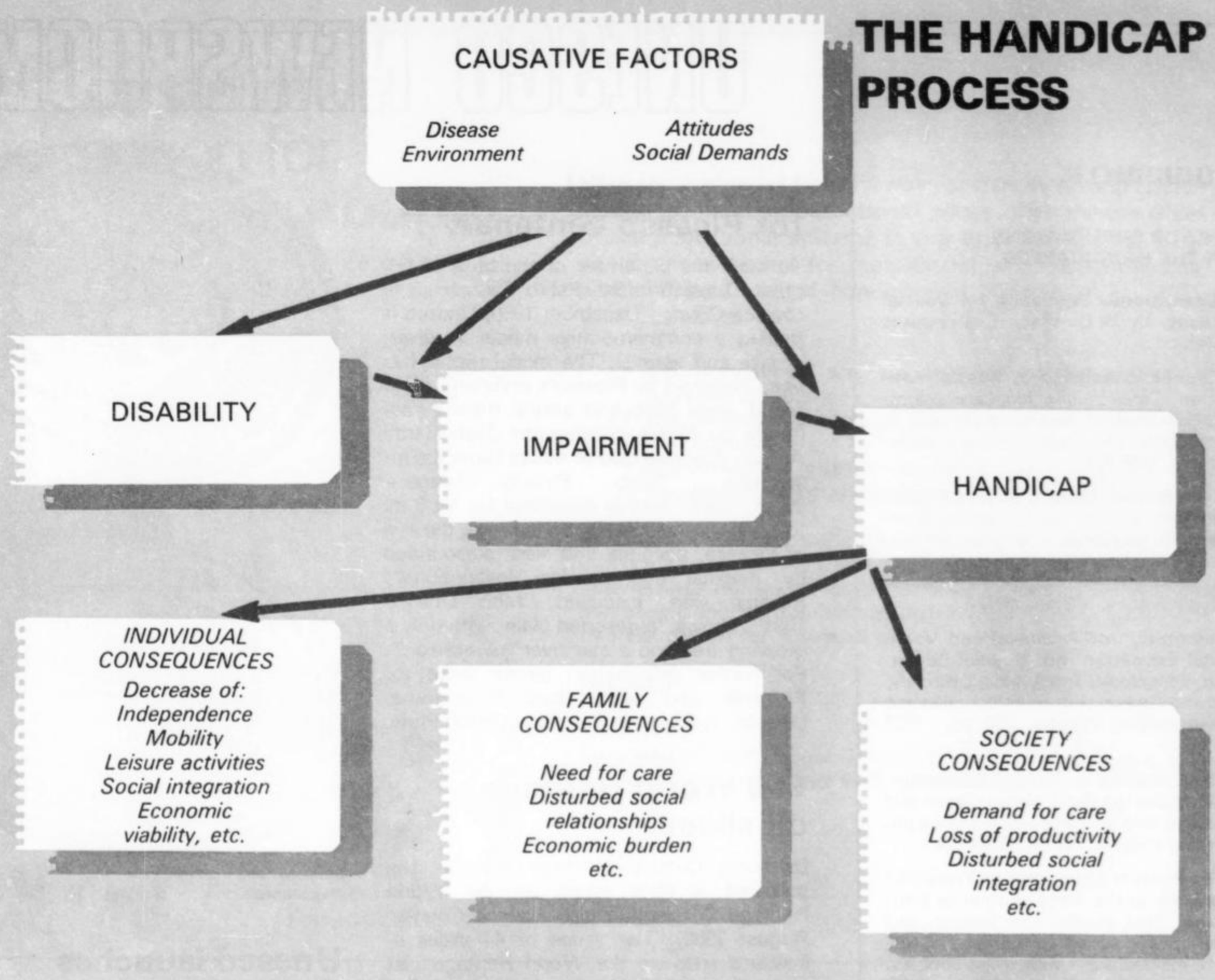
Impairment:	burn scars abnormal appearance
Disabiiity:	decreased mobility of arm decreased interest in and contact with surroundings
Handicap:	decreased capacity to take part in household work, disturbed social relationships (rejected by family and community members), and marriage prospects much reduced.

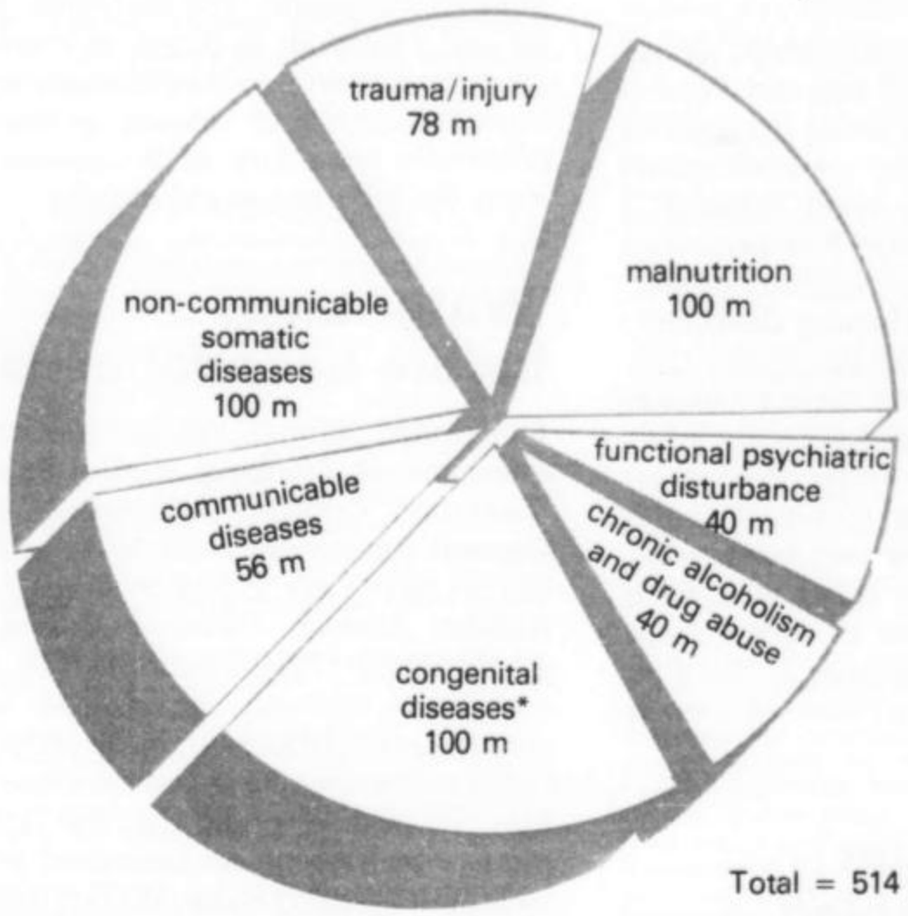
Example 4

An adult married female, with two children, with a two-year history of "schizophrenia".

Impairment:	auditory hallucinations lack of volition (i.e., normal drive and interest) disturbance of thought processes
Disability:	inability to maintain drive and interest in daily tasks poor attention and grasp of information, lack of contact with reality
Handicap:	failure to care for children, perform housework, maintain personal hygiene and appearance, and relate to family members and friends.

THE HANDICAP PROCESS





Total = 514 m

World incidence of disability

(in millions)

The accepted minimum estimate of the magnitude of the disability problem is that at least one person in ten is born with, or acquires, a physical, mental or sensory impairment. The data are very incomplete: estimates rise to 15 or 20% depending on definitions used and conditions included. Rehabilitation International's figure is 500 million: over two-thirds of these live in developing countries, mostly without any rehabilitative services.

*e.g.: back disorders, heart conditions, epilepsy, arthritis, etc.

Source WHO

UNESCO NEWSROOM

BOOKSHELF

UNESCO PUBLICATIONS ON THE HANDICAPPED

• **Constructive Education for Special Groups,** by W.D. Wall. (See opposite page).

• **Economic Aspects of Special Education.** Three studies (on Czechoslovakia, New Zealand, and the USA) with an introduction and a summarizing chapter. 152 pp., 1978 (6 F).

• **Terminology Used in Special Education.** Lists of terms used in special education with definitions in English, French, Russian and Spanish.
A Unesco: International Bureau of Education publication. 368 pp., 1977.

• **Integration of Technical and Vocational Education into Special Education.** Four studies (on Austria, Colombia, Iran and Tunisia) with an introduction and a summarizing chapter. 220 pp., 1977 (36 F).

• **Case Studies in Special Education.** Four studies (on Cuba, Kenya, Japan and Sweden) with an introduction and a summarizing chapter. 195 pp., 1974 (24 F).

• **The Present Situation and Trends of Research in the Field of Special Education.** Four studies (on Sweden and other Scandinavian countries, USSR, USA, and Uruguay) with an introduction and a summarizing chapter. 306 pp., 1973 (28 F).

• **Red Thread Riddles,** by Virginia Allen Jensen and Polly Edman. An ingenious booklet of word-puzzles, specially produced for enjoyment by both visually handicapped and non-handicapped children aged from six to ten. The text is reproduced in Braille and in inkprint, and the illustrations are embossed and coloured. 24 pp., 1980. (Requests for copies of this booklet may be sent to Mr. F.H. Potter, Unesco Courier Division, Unesco, 7, place de Fontenoy, 75700 Paris) See also page 19.

RECENT UNESCO BOOKS

• **Consensus and Peace,** Amadou-Mahtar M'Bow, Mario Amadeo, Gérald Antoine, Rachid Daker, Asbjorn Eide, Mihajlo Javorski, Joaquín Ruiz-Giménez, Abdoulaye Wade. Edited by Beseat Kiflé Sélassié. 231 pp., 1980 (55 F).

• **Drugs Demystified.** Third impression of a work first published in 1975. 92 pp. (10 F).

• **The Place of Information in Educational Development,** by Leo R. Fernig. A study prepared for the International Bureau of Education. A condensed version of the discussions and documentation of the 1977 International Conference on Education, the special theme of which was educational information. 135 pp., 1980 (24 F).

• **Information: an Essential Factor in Educational Planning and Policy,** edited by George Psacharopoulos. 303 pp., 1980 (50 F).

Unesco medal for Picasso centenary

To mark the centenary of the birth of the great Spanish artist Pablo Picasso (see *Unesco Courier,* December 1980) Unesco is issuing a commemorative medal in silver, bronze and vermeil. The medal (right) has been designed by Picasso's compatriot and friend Joan Miró and struck from a maquette by Miro's collaborator Joan Gardy Artigas. Obverse side of medal bears the inscription "Pablo Picasso—Malaga—25. X. 1881" and is described by Miró as follows: "in the centre, an eye, like the eye of Picasso, deep-set and alert, surrounded by magical and musical inscriptions". Reverse side, inscribed "Miró—Unesco 1981", shows "a deserted plain, with only a growing tree and a star over the horizon". For further information please write to: Philatelic and Numismatic Programme, Unesco, 7, Place de Fontenoy, 75700 Paris.

Photos Unesco

The World Heritage on slides

Unesco's Cultural Heritage Division has prepared a slide series on the World Heritage Convention (see *Unesco Courier,* August 1980). The series of 44 slides illustrates sites on the World Heritage List and is accompanied by descriptive texts. For further information please write to: Jeanne Brodie, Division of Cultural Heritage, Unesco, 7, Place de Fontenoy, 75700 Paris.

Award-winning song will aid Unesco's work for handicapped

All proceeds from the sale of a record whose lyrics were written by a 13-year-old Filipino girl, Odina E. Batnag, are being donated to Unesco's Education for Handicapped Children Programme. The song, entitled "I am but a small voice", won first prize in a world-wide children's song-writing contest, on the theme "Children Helping Children", sponsored by Unesco and the Radio Corporation of America (RCA). Odina's words were set to music and recorded by the internationally known singer Roger Whittaker, who is also donating his royalties to the Unesco programme. The record, released as a single by RCA, can be purchased from commercial record dealers or direct from Unesco, Co-Action Programme, 7, Place de Fontenoy, 75700 Paris. (Price 15 French francs including postage).

U.N. stamp issue for year of disabled

The International Year of Disabled Persons will be the theme of a set of six stamps and a souvenir card to be issued by the United Nations Postal Administration on 6 March 1981. For further informatio about this stamp issue please write to: U.N. Postal Administration, Palais des Nations, CH-1211 Geneva 10, Switzerland.

Unesco launches Prize for Peace Education

Unesco has established an annual Prize for Peace Education with the aim of promoting all forms of action designed to "construct the defences of peace in the minds of men". The prize, worth approximately $60,000, will be financed by the interest from a $1 million donation from the Japan Shipbuilding Industry Foundation. The laureates, who may be "an individual, a group of individuals or an organization", will be designated by the Director-General of Unesco on the basis of proposals by a jury of 9 members drawn from the different world regions.

'Water taps before hospital beds'

The United Nations has declared the 1980s International Drinking Water Supply and Sanitation Decade. Addressing the U.N. General Assembly, meeting in special session in New York to launch the Decade, Dr. Halfdan Mahler, Director-General of the World Health Organization (WHO), affirmed that safe drinking water and adequate sanitation by 1990 is an achievable goal for 2,000 million people in the developing countries. Dr. Mahler noted that the Decade will require on average an estimated annual investment totalling some $30,000 million, and commented: "Because of what it will imply in planning and results, the number of water taps per 1,000 persons will become a better indicator of health than the number of hospital beds". Today it is estimated that between 1,000 and 2,500 children under five die every hour for lack of clean drinking water or enough water to be properly washed.

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BRODARD GRAPHIQUE. COULOMMIERS

Constructive education for **special groups**

Handicapped and deviant children

W.D. Wall, Ph.D.

Harrap unesco

How can society improve its ways of identifying and rehabilitating the handicapped who are all too often the casualties of the educational system? In this book, of interest to all concerned, whether for professional or personal reasons, with the problems of handicapped children, Prof. W.D. Wall describes:

- **the prevalence and educational consequences of physical disability**
- **the principal groups of the mentally and physically handicapped**
- **psychological growth: the home and the family**
- **the education of physically handicapped children**

Prof. Wall is Emeritus Professor of Educational Psychology at the University of London. His two previous works in the Unesco: IBE (International Bureau of Education) series on comparative education were **Constructive Education for Children** *and* **Constructive Education for Adolescents.**

144 pages *35 French francs*

Co-published with George G. Harrap and Co. Ltd., London, who have exclusive sales rights in the United Kingdom.

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Breaking through the sound barrier

The joy of participation and self-fulfilment radiates from the face of this child at a school for the deaf in Trinidad and Tobago. Advances in electronics have made possible the development of devices that can help the deaf to break through the sound barrier that cuts them off from so much of everyday life. But for every deaf child to whom these modern techniques are available thousands more throughout the world remain outside the mainstream of society, immured in a world of silence.

Photo L. Solmssen, United Nations